

Council of Governors – Public Meeting

Tuesday 2 June 2020, 9.30 – 11.25am
BT Conference Call (*Details below),

UK Freephone – 0800 3898012
Passcode – 129 818 39#

Agenda

ITEM		PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS					
1.	Welcome and Introductions	Information	Chair	Verbal	9.30am
1.	Apologies for Absence	Information	Chair	Verbal	
2.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1	
3.	Minutes of Previous Meeting held on 10 March 2020	Approval	Chair	ENC 2	9.35am
4.	Matters Arising and Action Sheet	Review	Chair	ENC 3	9.40am
5.	Chairman's Report	Information	Chair	ENC 4	9.45am
INVITED MEMBERS					
STRATEGY & PLANNING					
6.	Strategic issues affecting the Trust and wider Health Economy update	Information	Chief Executive	Verbal	10.00am
7.	Operational Plan – Update	Information	Luke Armstrong	ENC 5	10.15am
PEOPLE					
QUALITY, SAFETY, PERFORMANCE & FINANCE					
8.	Performance Report	Discussion/ information	Chief Operating Officer	ENC 6	10.25am
9.	Quality Report – Update	Information	Ian Bennett	ENC 7	10.35am
10.	CQC – Update	Information	Moira Angel	ENC 8	10.45am

GOVERNANCE					
11.	Chair's Appraisal	Discussion	Senior Independent Director	Verbal	10.55am
12.	Appointment of external auditor	Discussion / Approval	Head of Governance	Verbal	11.05am
13.	Risks facing the Trust	Information	Head of Governance	Verbal	11.10am
14.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
15.	Reflections on Meeting	Discussion	Chair	Verbal	11.20am
16.	Any Other Business - Future meeting dates (changes to frequency)	Information	Chair / All	ENC 9	
17.	Date of Next Meeting: Tuesday 21 July 2020 at James Cook Hospital	Information	Chair		

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Ann Arundale	Governor	NIL
Plym Auty	Governor	NIL – but is a volunteer with Great North Air Ambulance Service but holds no position of Authority
Steve Bell	Governor	NIL
David Bennett	Governor	NIL
Lisa Bosomworth	Governor	NIL
Jon Broughton	Governor	NIL
Yvonne Teresa Bytheway	Governor	NIL
Dr Susy Cook	Governor	NIL
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Paul Crawshaw	Governor	Chair of Healthwatch Middlesbrough Board
Cllr Caroline Dickinson	Governor	NIL
Martin Fletcher	Governor	NIL
David John Hall	Governor	NIL
Barbara Hewitt	Governor	NIL
Rebecca Hodgson	Governor	NIL
Mike Holmes	Governor	Volunteer as Community First Responder for Yorkshire Ambulance Service Member of Patient Group at GP practice – Dr Duggleby & Partners, Stokesley
Allan Jackson	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.

Jean Milburn	Governor	NIL
Alison Munkley	Governor	NIL
Lee O'Brien	Governor	NIL
John Race	Governor	NIL
Patrick Rice	Governor	NIL
Jennifer Rutland	Governor	NIL
Erik Scollay	Governor	Director of Adult Social Care and Health Integration at Middlesbrough Council Director of Adult Social Care and Health Integration at Middlesbrough Council
Emma Vinton	Governor	Runs own medical writing company – Psylingual Medical NIHR Peer Reviewer
Tink Wedgwood-Jones	Governor	NIL
Jon Winn	Governor	NIL
Sue Young	Governor	TBC

Council of Governor Meeting in PUBLIC
10 March 2020 at 1.30pm
Boardroom, 2nd Floor Murray Building, James Cook University Hospital

Present:

Mr Alan Downey	Chairman of the Trust and Chair of the meeting
Ms Ann Arundale	Elected governor, Middlesbrough
Mrs Plym Auty	Elected governor, Hambleton & Richmondshire
Mr Steve Bell	Elected governor, Staff
Mr Jon Broughton	Elected governor, Staff
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Dr Susy Cook	Appointed governor, Teesside University
Ms Janet Crampton	Elected governor, Hambleton & Richmondshire
Cllr Caroline Dickinson	Appointed governor, North Yorkshire County Council
Mr Martin Fletcher	Elected governor, Staff
Mr David Hall	Elected governor, Hambleton & Richmondshire
Ms Barbara Hewitt	Elected governor, Redcar & Cleveland
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Prof Stephen Jones	Appointed governor, Newcastle University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Jean Milburn	Elected governor, Middlesbrough
Ms Alison Munkley	Elected governor, Middlesbrough
Mr Lee O'Brien	Appointed governor, Carer organisation
Mr John Race MBE	Elected governor, Redcar & Cleveland
Ms Jennifer Rutland	Elected governor, Redcar & Cleveland
Mr Jon Winn	Elected governor, Redcar & Cleveland

In attendance:

Ms Lisa Bosomworth	Representative of appointed governor, Healthwatch
Mr Ian Bennett	Head of Patient Safety & Quality (<i>item 2020/003/9</i>)
Ms Ada Burns	Non-executive Director
Mr R Carter-Ferris	Non-executive Director
Ms L Doidge	Quality, Assurance & Compliance Lead (<i>item 2020/003/9</i>)
Mr M Ducker	Non-executive Director
Ms Tracy Glennen	Programme Manager (<i>item 20209/003/7</i>)
Ms Amanda Hullick	Deputy Chairman
Mrs Anita Keogh	Corporate Affairs Officer/PA to Chairman
Ms Debbie Reape	Non-executive Director
Mrs Maureen Rutter	Senior Independent Director/Non-executive Director
Mrs Jackie White	Interim Head of Governance

CHAIRS BUSINESS

1. **Welcome and Apologies for Absence**

Apologies for absence were received from:

Mr David Bennett	Elected governor, Patient and/or Carer
Mr Paul Crawshaw	Appointed governor, Healthwatch
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Ms Linda Lloyd	Appointed governor, HRW CCG
Mr Patrick Rice	Appointed Governor, Redcar & Cleveland Borough Council
Mr Erik Scollay	Appointed governor, Middlesbrough Council
Ms Emma Vinton	Elected governor, Rest of England
Ms Tink Wedgwood-Jones	Elected governor, Patient and/or Carer

The following Non-executive Directors submitted their apologies:

Mr David Heslop	Non-executive Director
-----------------	------------------------

Mr Downey welcomed all Governors and introduced Lee O'Brien as appointed Governor for Carer Organisation following Julia Bracknall's recent retirement. He added that Dr Adetayo Kasim had stepped down as appointed Governor for Durham University and that we await details of his replacement.

The Chairman also pointed out that this would be the last Governor meeting for Amanda Hullick, as she steps down as Deputy Chair and Non-Executive Director on 31 March 2020. Mr Downey offered thanks to Amanda on behalf of the Board and Governors for everything that she had done for the Trust, not only as NED and Deputy Chair, but also for the 15-month period when she was acting Chair.

2. **Declarations of Interest**

Graham Lane confirmed that there was a change to his declaration of interest, as the declaration currently listed was no longer applicable. Mrs Keogh to update Declaration of Interest to reflect this amendment.

Action: i) Mrs Keogh to update Declaration of Interest to reflect change for Graham Lane.

3. **Minutes of Previous Meeting**

The minutes of the previous meeting held on 10 December 2019 were approved except for one minor amendment on page 6 to change a reference of he to she.

Resolved: i) the minutes of the previous meeting held on the 10 December 2019 were accepted as an accurate record subject to the above change.

4. **Matters Arising and Action Sheet**

Chairman provided update on action log and ran through each item.

July – Council of Governors

18/013 – Governors to activate nhs.net e-mails. Governors to contact Mrs Keogh once nhs.net e-mails activated

Still ongoing.

July – Council of Governors

2019/07/1.9 – Ms Joanne Dobson – return to future Council of Governor meeting

Mrs Dobson scheduled to return to Council of Governors on 21 July 2020. Action completed but will remain listed until attendance has taken place.

December – Council of Governors

2019/012/6 – Ms Fran Toller to attend March 2020 meeting to provide update on admin review

Tracy Glennen, Programme Manager, scheduled to return to Council of Governors meeting today. Action completed.

December – Council of Governors

2019/012/7 – Mr Ian Bennett – return to future Council of Governor meeting

Mr Bennett scheduled to return to Council of Governors at meeting today. Action completed.

December – Council of Governors

2019/012/8 – David Chadwick – return to future Council of Governor meeting and provide update on Centre

Mr Downey confirmed that due to changes with Medical Directors office a discussion would follow to arrange an alternative timetable for attendances from the different centres.

December – Council of Governors

2019/012/9 – Anita Keogh to provide copy of presentation used by Sue Page to Governors

Presentation e-mailed to Governors on 13 December 2019. Action completed.

December – Council of Governors

2019/012/9 – Catering – Anita Keogh to arrange for Serco to attend Council of Governors to present following complaints received relating to catering

Arranged for Serco to attend morning session of Council of Governors today. Denise Foster from Kevin Oxley's team attended the session and took note of all concerns to take back to Serco and obtain answers. Action completed.

December – Council of Governors

2019/012/9 – Anita Keogh to arrange for Sue Page to provide further update to Governors

Mr Downey confirmed to Governors that unfortunately Sue Page was unable to attend Governor meeting today but he would provide update later in the meeting. Action completed.

December – Council of Governors

2019/012/12– Quality, Safety, Operational & Financial Performance Report – Anita Keogh to arrange for both Sue Page and Johanna Reilly to attend Council of Governors to report on operational figures

Mr Downey confirmed that both Sue Page and Johanna Reilly were unable to attend the meeting today but he would provide operational figures later in the meeting. Action completed.

December – Council of Governors

2019/012/18 – Reflections on meeting – Jackie White to speak with Gill Hunt in relation to patient experience questions to avoid overlap with those covered by Governors in their outpatient visits

Mrs White raised this query at a recent Quality meeting and asked that questions should avoid overlap with Governor visits. Action completed.

December – Council of Governors

2019/012/19 – Any other business – Mrs White to investigate the possibility of reinstating the mini-bus service between FHN and JCUH

Mrs White confirmed that she had raised this issue with the CCG, but had not received a positive response because of costs associated and will provide a copy of the e-mail to the Governors. Action completed.

December – Council of Governors

2019/012/19 – Any other business – Anita Keogh to organise attendance of Joanne Dobson to give presentation on cancelled operations to Governors

Paper from Joanne Dobson included in meeting pack for meeting today. Action completed.

December – Council of Governors

2019/012/19 – Any other business – Anita Keogh to ask Governors to confirm their preference to receive Council of Governor papers via post or by e-mail

This was being trialled and would be reviewed again. Action completed.

5. **Chairman's Report**

Mr Downey referred to his recent letter to Governors dated 20 February 2020.

The Chairman then turned to the Improvement Plan which had previously been provided to the Governors. He explained that the context for the Improvement Plan was last year's CQC report which had highlighted a number of clinical concerns and shortcomings with the Trust's leadership and culture. To address these issues the Trust had developed both a CQC action plan and an Improvement Plan entitled "Getting back to our Best" which had been shared with the Governors. He was encouraged with the good progress that had been made in implementing both plans.

The following questions were asked:

- Mrs Plym Auty commented on the importance of reporting accurately and in a timely fashion on progress against the Improvement Plan. Ms Ada Burns explained that work was well advanced on a new performance report which would be shared with the Governors. She was confident that this would provide improved assurance to both NEDs and Governors on the Trust's performance and on progress in implementing the Improvement Plan.
- Ms Barbara Hewitt asked how often the performance report would be updated. Mr Downey replied that the report would be updated for each meeting of the Board of Directors and Council of Governors.
- Mr Jon Broughton commented that the atmosphere in the Trust felt more positive which gave an early indication that the Improvement Plan was working.

Mr Downey commented that he was enjoying his one-to-one meetings with

small groups of Governors from the different constituencies. These informal meetings enabled him to update Governors on developments and enabled Governors to raise concerns. He found the meetings very helpful.

The Chairman also briefly touched on the recent change to the Medical Director role which had been initially raised under the Action Log at item 4 of the agenda. He explained that the Medical Directors were no longer responsible for operational performance, as this was now the responsibility of the Chief Operating Officer, Johanna Reilly. This meant that the Medical Directors could focus on clinical matters and on relations and communication with medical staff. This was more in line with the conventional Medical Director role in most NHS trusts.

Resolved: i) the Governors thanked the Chairman for his update.

6. **Presentation – Tracy Glennen, Programme Manager – Update on Admin Review**

Tracy Glennen, Programme Manager, attended to provide an update to Governors by way of a presentation. Tracy ran through the presentation which provided a summary on the Admin and Clerical review, including ongoing challenges. She reassured Governors that significant improvements had been made in the last month and that a number of new recruits to admin posts would shortly be joining the Trust following recruitment checks. She reported that the typing backlog was continuing to reduce and now stood at less than six weeks for all specialities.

The following questions were asked:

- Mr Fletcher asked about the recruitment freeze which had previously been in force. Tracy Glennen confirmed that this had been lifted and that significant recruitment activity has taken place.
- Mr Broughton commented that the role of medical secretary involved a lot more than typing and asked if the different requirements of different specialties had been taken into account in recruitment. Tracy replied that these differences were being taken into account.
- Ms Auty asked if Tracy Glennen could return to provide further update to Governors in six months' time. Mrs Keogh to organise that Ms Glennen returns in six months' time.

Mr Downey thanked Tracy for her update and for her ongoing work to improve administration within the Trust.

Resolved: i) the Governors thanked Tracy Glennen for her presentation.

Action: i) Mrs Keogh to provide a copy of the presentation used by Tracy Glennen to Governors.

Action: i) Mrs Keogh to organise for Tracy Glennen to return to Council of Governors in 6 months' time to provide further update.

7. **Presentation – Ian Bennett, Head of Patient Safety & Quality – Update to Governors on role**

Mr Bennett provided an update on his role to Governors by way of a presentation which included:

- CQC action plan
- Reporting of Serious Incident and Never Events
- Patient experience
- Quality Priorities (*item 9 of Agenda)

The following questions were asked:

- Mr Lane ask why it was seen as a good thing that more incidents were being reported. Mr Bennett replied that some members of staff had been reluctant to report incidents. An increase in reporting indicated that staff felt more confident in raising concerns, not that the actual number of incidents had increased. It was vital that all incidents should be reported, so that the Trust could learn from the experience and take corrective action. Both Mrs Rutter and Ms Hullick added that they were reassured by the increase in reporting: the previous low level of reporting had not been commensurate with the size and complexity of the Trust.
- Ms Munkley asked about the definition of an incident. Mr Bennett explained that the definition was a broad one, to encourage reporting. The Trust would rather investigate an incident that proved to be relatively trivial than miss an incident that proved to be serious.
- Mrs Auty asked if Mr Bennett was monitoring results and if there were any trends. Mr Bennett confirmed that Quality Assurance Committee regularly examined the lessons to be learned and the trends that emerged. These then informed training and communication within the Trust.
- Mr Holmes asked about the increase in Never Events. Mr Bennet replied that each Never Event was thoroughly investigated and lessons were learned. Never Events were, by definition, very rare, and there was as yet no explanation for the recent increase in numbers. The increased emphasis on the importance of reporting might be part of the explanation.
- Ms Munkley asked about the timescales involved if somebody reports an incident. Mr Bennett confirmed that there were national deadlines that had to be met. A Never Event must be reported within 24 hours, and the Trust then has 60 days to investigate and report back. Ms Munkley commented that she felt that 60 days was a long time. Mr Bennett explained that this was a national deadline which allowed time for a thorough investigation.
- Mr Winn asked how confident Mr Bennett was that all incidents are reported. Mr Bennett replied that he was confident there had been a substantial improvement in reporting, though he could not quantify this precisely.
- Mr O'Brien asked about concerns raised by carers. Mr Bennett said he would provide figures on concerns raised by carers, as he did not have them to hand.
- Ms Munkley asked how whistleblowers were protected in the Trust. Mr Bennett explained that the Trust had appointed a Freedom to Speak Up Guardian and had enlisted the support of a network of Freedom to Speak Up Champions. In addition, several Board members, including Maureen Rutter, had specific roles in relation to Freedom to Speak Up. This was to make it as easy as possible for members of staff to raise concerns and to trust that their concerns would be taken seriously and that would never lead to any negative reaction.
- Mrs Auty asked if all staff were aware of the process for raising

concerns. Mr Downey replied that the Datix system was widely understood and publicised, and the Trust had given a good deal of publicity to the Freedom to Speak Up initiatives. Mrs Rutter added that that concerns can be raised confidentially and anonymously under Freedom to Speak Up.

- Mr Holmes asked if concerns were being raised by those at junior levels in the Trust. Mrs Rutter assured him that incidents were being reported and concerns raised by members of staff at all levels, from the most junior to the most senior.

Resolved: i) the Governors thanked Ian Bennett for his presentation.

Action: i) Mrs Keogh to provide a copy of the presentation used by Mr Bennett to Governors.

Action: i) Mr Bennett to provide figures to Governors regarding complaints received by carers.

8. **Ian Bennett, Head of Patient Safety & Quality – Agree a local indicator for external audit**

Mr Bennett together with Linda Doidge, Quality Assurance & Compliance Lead, ran through some slide on Quality Priorities. The Trust was required to report on performance against its 2019/20 quality priorities, and must also select priorities for 2020/21, including a rationale for their selection.

Mr Bennett and Ms Doidge ran through the local quality indicators for external audit and explained that part of the process was assurance in relation to two mandated performance indicators which are:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

The Governors are asked to select an additional, local quality indicator for external audit. The options below were suggested by Ms Doidge:

- Emergency readmission within 28 days.
- Percentage of patient safety incidents that resulted in severe harm or death.
- Number of falls – as reported through Datix.

Discussion followed and a vote was taken by Governors on which local quality indicator should be chosen.

The chosen indicator was determined as – *'Percentage of patient safety incidents that resulted in harm or death'*.

Turning to Quality Account Priorities for 2020/21, these were proposed as:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Both Ian Bennett and Linda Doidge ran through the rationale for these being

included which the Governors acknowledged and agreed.

Resolved: i) the Governors thanked both Ian Bennett and Linda Doidge for their time in explaining the Quality indicators and Quality Account Priorities.

STRATEGY & PLANNING

9. **Strategic issues affecting the Trust and wider Health Economy update**
The Chair indicated that he would provide a brief update in the private section of the meeting.

QUALITY, SAFETY, PERFORMANCE & FINANCE

10. **Performance Report**
Before the Chairman ran through the presentation he confirmed that the new format of the performance report should be available for the next Council of Governors meeting, scheduled to take place on 12 May 2020.

The Chairman briefly ran through the presentation and made the following points:

- Accident & Emergency four-hour performance reported at 84.08% against 95% target. Trust ranked 4th in the region.
- Referral to Treat (RTT). Trust currently performing at 81.64% against a 92% target and currently ranked 7th in the region.
- 62 Day Cancer Standard performance was also below target at 72.40%.
- 6-week diagnostic reported at 91.23% against 99% target.
- Sickness reported at 5.57% which was a 0.34% increase on December.

Mr Downey concluded by informing the Governors that the Trust would fail to hit its financial target for the year, but would not suffer any further penalty as long as there was no further deterioration before year end.

The following questions were raised:

- John Race asked about performance against the cancer target, commenting that this would affect patient safety. Mr Downey confirmed that at April Board of Directors a report would be provided on a cancer recovery plan.

Resolved: i) the Quality, Operational & Financial Performance Report was noted.

GOVERNANCE

11. **Chair's Appraisal**
Maureen Rutter, Senior Independent Director, confirmed to Governors that a new process had now been implemented for Foundation Trust Chairs, with a requirement to submit the final report to NHSE/I. Maureen continued that she proposed that she would carry out the initial stages of the new process and

report back to the Council of Governors in May. Maureen, Plym Auty as Lead Governor and Jackie White, Head of Governance, had already met and further feedback would be sought from Governors.

Mrs Auty felt that an interim meeting between the Governors would be beneficial in April to discuss the Chair's appraisal.

Action: i) Mrs Keogh to organise a suitable date for Governors to attend an interim meeting to discuss the Chair's appraisal.

12. **Risks facing the Trust**

Johanna Reilly, Chief Operating Officer, was unable to attend Council of Governors, so Jackie White, Head of Governance, led with this item.

Mrs White ran through the risks currently facing the Trust which included:

- Demand
- Meeting national targets
- Cancer

Mrs White reassured the Governors that Johanna has produced a plan to get the Trust back on track.

Mrs White also commented on COVID-19, explaining that preparedness for the pandemic had started to dominate Trust business, displacing a good deal of other activity.

13. **Matters to bring to the attention of the Board**

Governors expressed their ongoing concern about the challenges faced by the Trust, the burden this places on staff and the Trust's ability to cope.

14. **Committee Updates**

Mr Downey asked those Governors involved in Committee meetings to provide a brief update to the Council of Governors.

Smoke Free Meeting on 13.02.2020

Ms Hodgson confirmed that nine reports had been received regarding smoking on site. During this meeting it was also confirmed that Serco staff were happy to challenge those smoking on site. Ms Hodgson added that champion training was due to start and that arrangements were being made to appoint a clinical lead for the smoke free initiatives.

Patient Experience meetings on 13.12.2019 & 24.01.2020 & 06.03.2020

Mrs Auty attended the drop in meeting on 6 March 2020 which also included a patient story. Mrs Auty stressed the importance of including patient stories in meetings.

Membership & Engagement meeting on 19.12.2019

Mrs Keogh attended the meeting on 19 December 2019 and provided a brief update to Governors which included details on the training session carried out with MES on 7 February 2020. The training session was very beneficial and highlighted the different facilities available on the system. She added that the Membership and Engagement Strategy had now been finalised and the next

step to be taken was to finalise the postcard which would be available to members of the public in the hope that they join as Trust members. Steps were also being taken to draft a welcome letter which would be sent automatically to every new member. Next Membership and Engagement meeting scheduled for 19 March 2020.

Resolved: i) the Governors thanked Ms Hodgson, Mrs Auty and Mrs Keogh for their updates.

15. **Reflections on Meeting**

Governors felt that the meeting had been productive.

16. **Any other business**

Jackie White explained the most up to date position regarding the Trust's external auditors and asked if Governors would give their approval to delegate authority to the sub group to approve the appointment of the external auditors.

Governors confirmed their agreement.

Mrs White then turned to the appointment of a Deputy Chair, as Amanda Hullick was due to step down from 31 March 2020. Following a meeting of the Nomination Committee on 5 March 2020, a recommendation had been made that Ada Burns should become Deputy Chair from 1 April. Mrs White asked if all Governors were in agreement with this recommendation.

Governors ratified the recommendation of the Nomination Committee that Ada Burns should become Deputy Chair from 1 April 2020.

Plym Auty expressed her thanks, on behalf of the Governors, to Amanda Hullick for all her contribution during her time as Non-Executive Director, Deputy Chair and Acting Chair. All Governors agreed and thanked Amanda for everything she had done for the Trust.

Professor Steve Jones expressed concern about the resignation of Mr Alex Nicholson, palliative care consultant, and the consequent loss of expertise in Mr Nicholson's specialty. Mrs White confirmed to Governors that Sue Page carried out all exit interviews with all departing consultants and was keenly aware of the need to reinforce the Trust's capacity in palliative care.

Mrs Auty asked if consideration could be given to hold Council of Governor meetings every two months and wondered if the meeting due to take place at the Friarage in May could be moved back to the Autumn (the May meeting tended to be well attended, following the appointment of new Governors, and the board room at the Friarage was too small to accommodate the numbers likely to attend. Anita Keogh will discuss frequency of meetings and the possibility of moving the Friarage meeting to the Autumn.

Resolved: i) the Governors agreed to delegate authority to approve the appointment of external auditors to the relevant sub group

Resolved: i) the Governors agreed with the recommendation of the Nomination Committee that Ada Burns should become Deputy Chair from 1 April 2020 after Amanda Hullick steps down at the end of March.

Action: i) Anita Keogh to discuss frequency of Council of Governor meetings with Mrs Jackie White and Mr Alan Downey.

Action: i) Anita Keogh to look at the possibility of moving the Council of Governor meeting at the Friarage, currently scheduled for the 12 May, to the Autumn.

17. **Date of Next Meeting**

The dates of future meetings were noted. The next meeting of the Council of Governors is scheduled to take place on Tuesday, 12 May 2020, from 1.30pm, at the Friarage.

Mr Downey thanked all Governors for their time.

DRAFT

AD/AK/LET136

26 May 2020

Dear Governors,

Council of Governors conference call on 2 June 2020

I am looking forward to our call in a week's time. Unfortunately, it is still not advisable for us to hold face-to-face meetings of the Council of Governors, but I hope you have been able to keep in touch with developments from a variety of sources, including staff briefings, CEO updates, Chair and Lead Governor letters, and both mainstream and social media. Our call on 2 June will provide an opportunity for NEDs and senior executives to fill in some of the gaps. Please forward any questions in advance to Anita Keogh.

The trust's response to Covid-19

In my letter of 2 April, I outlined the measures the trust took to prepare for a surge in Covid-19 cases: dividing our estate into Covid, non-Covid and step-down units; putting most non-urgent services on hold; asking many colleagues to take on new roles; sourcing essential equipment (everything from a new CT scanner to masks and gowns); onboarding new and returning members of staff; ensuring that all staff received the training they needed (including PPE training and fit testing); implementing and then ramping up a major programme of swab testing for the virus; and introducing new governance arrangements which enabled us to act quickly, while ensuring the involvement of senior clinicians and staff-side representatives. This list hardly begins to do justice to the transformation that has taken place across the trust.

What is now clear is that the planning and preparation have paid off. The trust has provided the best possible care to Covid and non-Covid patients throughout the crisis, both during and after the surge in Covid cases. Our critical care services and staff have been under great pressure, but they have coped remarkably well. Every patient death is a tragedy, but the number has been lower than many of us feared. Staff welfare has been a priority, and at no stage has the trust run out of PPE. In my letter of 17 April, I indicated that we were seeing a plateau, rather than a substantial drop, in the number of Covid-19 cases. I am very glad to say that, since then, we have seen a gradual reduction to the point where the mortality rate in the trust is broadly in line with previous years.

I know you will join me in expressing my admiration and gratitude to all our staff, at all levels and in all disciplines. They have been magnificent.

Recovery

Over the last two or three weeks we have been putting more and more effort into the 'recovery' phase of activity. This does not mean that we will be able to resume 'normal' service very quickly. Covid-19 will be with us for some time to come: we must be prepared for a possible second wave of infections, and the need to treat Covid patients will continue to restrict the scope of our non-Covid services.

One of the unavoidable consequences of the pandemic has been that patients are waiting longer for non-urgent treatments, and there have also been delays in treating some patients with urgent needs, because we have to balance the risk of delay against the risks associated with Covid-19

infection. The trust board is determined to restore non-Covid services as quickly and safely as possible. In doing so we will continue to strike the risk balance carefully and on the basis of evidence. We will also ensure that patients are provided with the information they need to make their own informed decisions about whether and when to come into the trust for treatment. Part of the solution will be to ensure that we build on the new ways of providing services that our clinicians have helped to pioneer, including video consultations and medical alternatives to surgical intervention. A comment I hear frequently when talking to colleagues is that we must retain and build on the improvements we have secured during the crisis – improvements in how we take decisions, how we work together, how we communicate and how we value each other's contributions.

It is clear that the Friarage Hospital will have a major role to play in restoring the trust's programme of elective surgery and medical care. As you know, following public consultation, the North Yorkshire CCG recently confirmed that the urgent treatment centre at the Friarage will continue to operate 24 hours a day, 7 days a week. These commitments – to provide a round-the-clock urgent treatment service and to develop the Friarage as an important elective site – demonstrate our determination that the Friarage will be an exemplar for how a district general hospital in a rural area should operate.

On our call on 2 June, Sue Page will provide an update on the trust's recovery plan and how we intend to use the recovery phase to give additional momentum to the improvement plan ('getting back to our best') which we discussed at our last Council of Governors meeting.

Tees Valley developments

In my letter of 17 April, I expressed the hope that in the next few weeks we would put in place the managed clinical networks in the Tees Valley and North Yorkshire that we have talked about for some time. I believe we are making progress. Sue and I will attend a meeting later this week with our opposite numbers at North Tees & Hartlepool FT and County Durham & Darlington FT. At that meeting I hope this work can be taken forward and brought to all three Trust boards for consideration in due course. I will provide an update on the outcome of the meeting and the next steps when we speak on 2 June.

Until then, please continue to stay safe, and please feel free to raise any issues you would like us to address on the call.

Kind regards



Alan Downey

Chairman

South Tees Hospitals NHS Foundation Trust

2020/21 Annual Plan Update

- The usual NHS national budgeting setting and annual plan process has been suspended due to Covid-19
- All Trusts required to break even during the Covid-19 period
- Major changes to Trust funding including the Trusts Aligned incentive contract due to Covid-19
 - All Trust now funded via block payments to fund M8 – M10 2019/20 expenditure
 - Top up payments process to cover additional costs
 - In place until at least October 2020, but likely longer
 - Cash payments up front to aid payments to suppliers
- Internal Trust budget based on detailed budget setting work – however not submitted to NHSE/I, delivering a deficit of £14.2m
- National policy change and the write off of Trust Debt





South Tees Hospitals
NHS Foundation Trust

Integrated Performance Report

April 2020

Measures

	Indicator	Latest Month	Control Limit	Trend	Assurance
SAFE	All Falls Rate	5.34	5		
	Falls with harm rate	0	0		
	Infection control - C-diff	1	0		
	Infection control - MRSA	0	0		
	Serious Incidents	2	0		
	Serious Incidents never events	0	0		
	Pressure Ulcers	Work In Progress			
	CHPPD Compliance	Work In Progress			
	Hospital Standard Mortality Rate (HSMR)	91.95	National Target		
	VTE Assessment	Work In Progress			
EFFECTIVE	SEPSIS - Screening	Work In Progress			
	SEPSIS - Treatment	Work In Progress			

	Indicator	Latest Month	Control Limit	Trend	Assurance
CARING	F&F A&E Recommendation Rate	82.4%	85.0%		
	F&F A&E Response Rate (%)	5.1%	12.0%		
	F&F Inpatient Recommendation Rate	96.3%	96.0%		
	F&F Inpatient Response Rate (%)	20.4%	25.0%		
	F&F Maternity Recommendation Rate	100.0%	97.0%		
	F&F Maternity Response Rate (%)	0.3%	21.0%		
	Open Complaints > 40 Day Response	0	0		
	Mixed Sex Accommodation (MSA) Breaches	0	0		

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

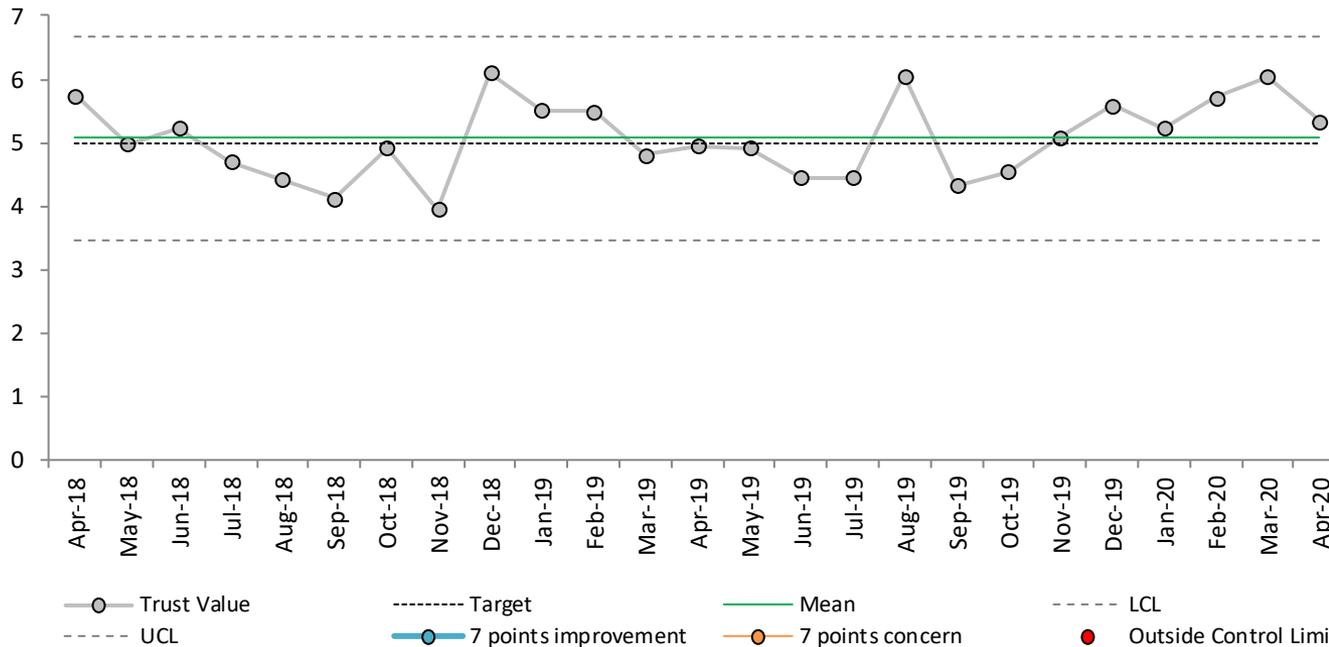
Measures

	Indicator	Latest Month	Control Limit	Trend	Assurance
RESPONSIVE	A&E 4 Hour Wait Standard (%)	91.9%	95.0%		
	RTT Incomplete Pathways (%)	66.0%	92.0%		
	Diagnostic 6 weeks standard (%)	33.8%	99.0%		
	Cancer Treatment - 14 Day Standard (%)	90.6%	93.0%		
	Cancer Treatment - 31 Day Standard (%)	93.5%	96.0%		
	Cancer Treatment - 62 Day Standard (%)	66.4%	85.0%		
	Non-Urgent Ops Cancelled on Day	3	0		
	Urgent Ops Cancelled on Day	0	0		
	Cancelled Ops not rebooked within 28 days	0	0		
	Delayed Transfers of Care (%)	5.1%	3.5%		
	E-Discharge (%)	93.2%	90.0%		

	Indicator	Latest Month	Control Limit	Trend	Assurance
WELL LED	Annual Appraisal (%)	76.3%	80.0%		
	Mandatory Training (%)	87.2%	90.0%		
	Sickness Absence (%)	4.5%	4.0%		
	Staff Turnover (%)	10.2%	10.0%		
	Year-To-Date Budget (£'millions)	-£1.495			
	Year-To-Date Budget Position (£'millions)	£0			
	Year-To-Date Budget Variance (£'millions)	-£1.495			

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

All Falls Rate



The Trust falls rate per 1000 bed days

Target	5
Mean	5.06
Last Month	5.34

Executive Lead
Deidre Fowler
Operational Lead
Beth Swanson

Commentary

As a consequence of ward reconfigurations and relocation of specialities some wards with high falls rates have flipped and the reverse has been observed in areas with traditionally lower rates.

Cause of Variation

- Elevated per 1000 rate noted from November 2019. Hospital population is reduced due to covid 19 .
- Significance of increasing acuity levels and increased falls risk factors in the reduced population may be a factor.

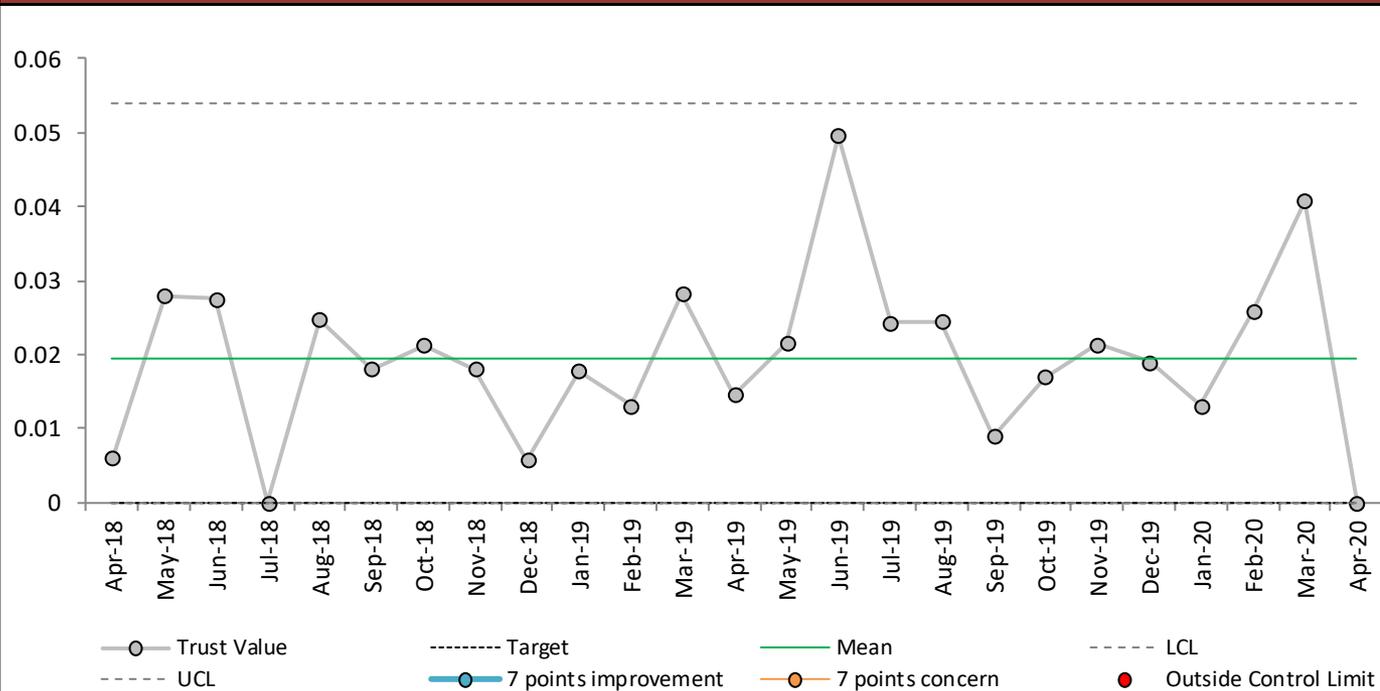
Planned Actions

- Review acuity data against falls rate .
- Audit DATIX forms – to confirm if lessons learnt are reflective of the identified contributory factors within the DATIX investigation.
- Monitor the impact of PPE safety on falls rates e.g. delayed response by staff.

Timescale

- On-going actions

Falls with harm rate



Target	0
Mean	0.02
Last Month	0.00

Executive Lead
Deidre Fowler

Operational Lead
Beth Swanson

Commentary

Rate of falls with harm per 1000 bed days

Cause of Variation

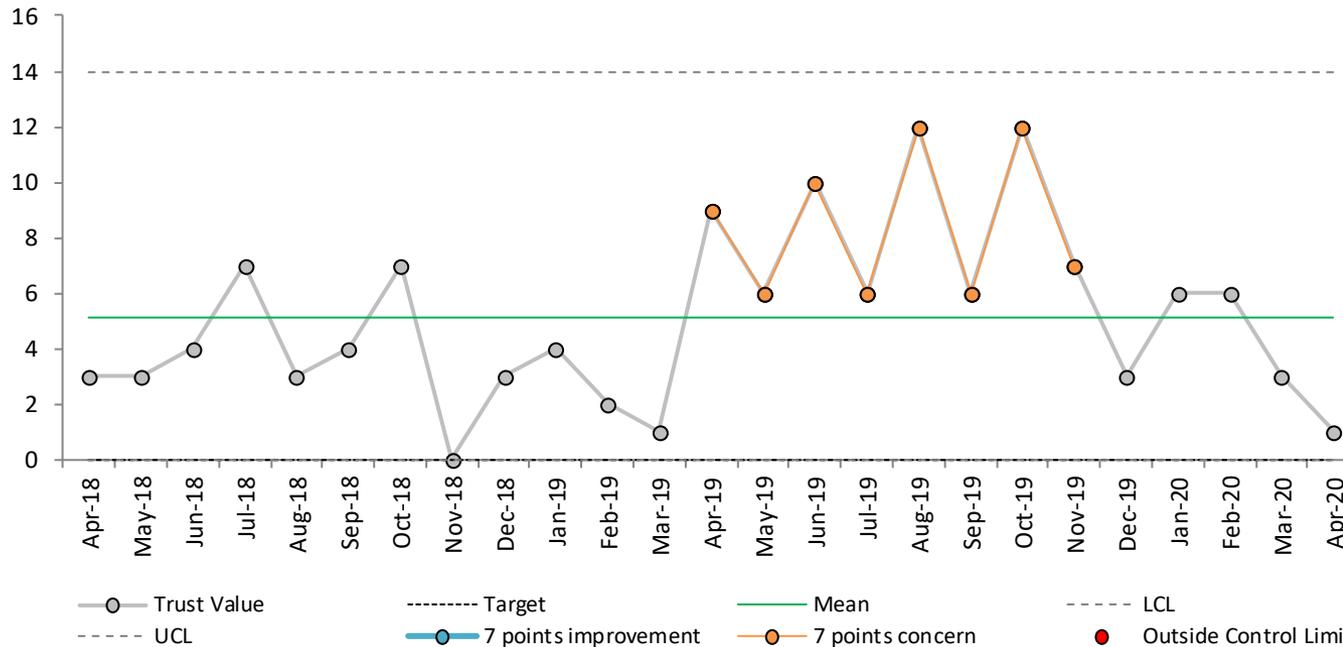
- No falls with fractures in April.

Planned Actions

- On going actions to reduce falls continue.

Timescale

Infection control - C-diff



Cases of hospital acquired C. Difficile bacteraemia

Target	0
Mean	5.12
Last Month	1.00

Executive Lead
Deidre Fowler

Operational Lead
Astrida Ndhlovu

Commentary

The Clostridium difficile objective for 19/20 is to have no more than a combined total of 81 community-onset healthcare-associated and/or healthcare-onset healthcare-associated cases among patients aged over 2 years. There have been 89 cases in total in 19/20.

Cause of Variation

- The change in antibiotic guidance released in January 2019 carries a potential risk of increased cases of C. difficile as it could lead to an increase in appropriate prescribing of broad-spectrum antibiotics.
- There has been an increase in carbapenem and piperacillin-tazobactam use and a decrease in co-amoxiclav use. This could have the effect of increasing risk of C. difficile infection.

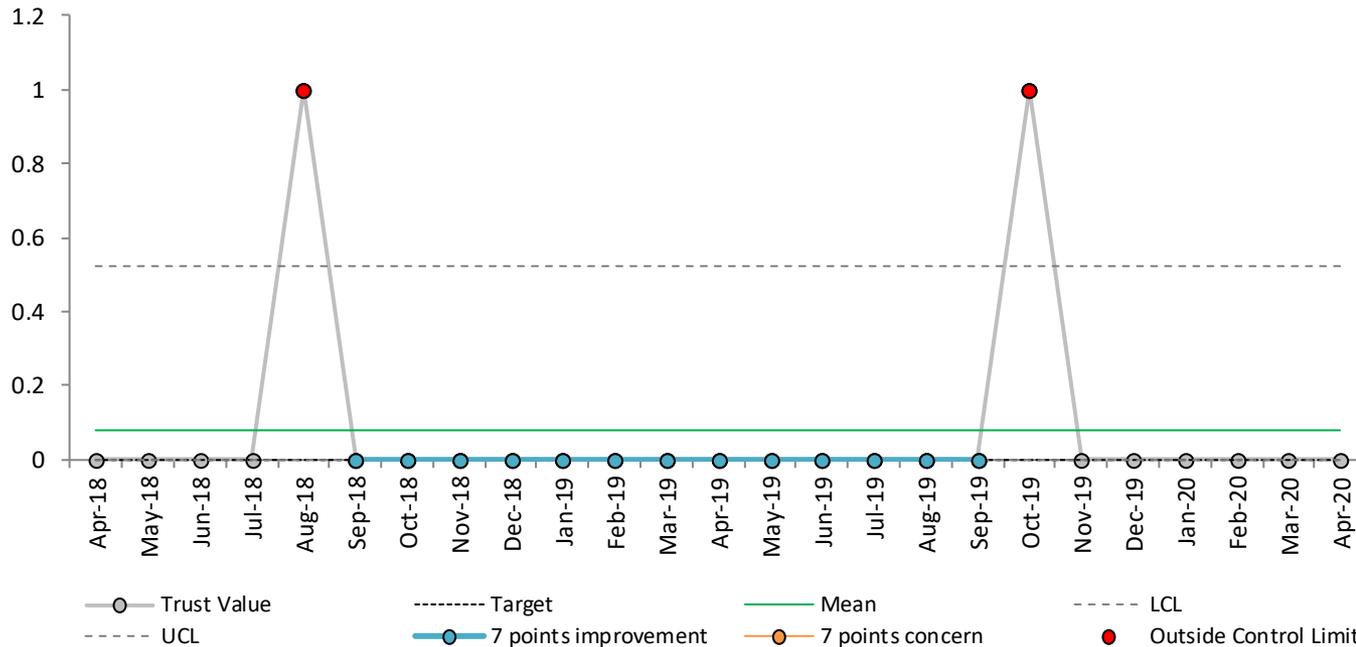
Planned Actions

- The Medical Director lead for antimicrobial prescribing is undertaking a review of the antimicrobial stewardship programme with the antibiotic pharmacist, in view of the increase in Clostridium difficile infections.
- In response to the increasing rate of C. difficile in 2019/2020 enhanced actions have been put in place and are reviewed in a weekly 'huddle' style meeting with the Clinical Matrons and led by the Deputy Director of Nursing and senior IPC nurse.

Timescale

- On-going and reviewed monthly at IPAG

Infection control - MRSA



Cases of hospital acquired MRSA bacteraemia

Target	0
Mean	0.08
Last Month	0.00

Executive Lead
Deidre Fowler
Operational Lead
Astrida Ndhlovu

Commentary

The MRSA bacteraemia target is that of zero tolerance. There were 5 cases of MRSA bacteraemia in 2019/20, 1 of which was classed as trust-assigned.

Cause of Variation

- The episode of bacteraemia in October 2019 was investigated and the root cause found to be a peripheral cannula.

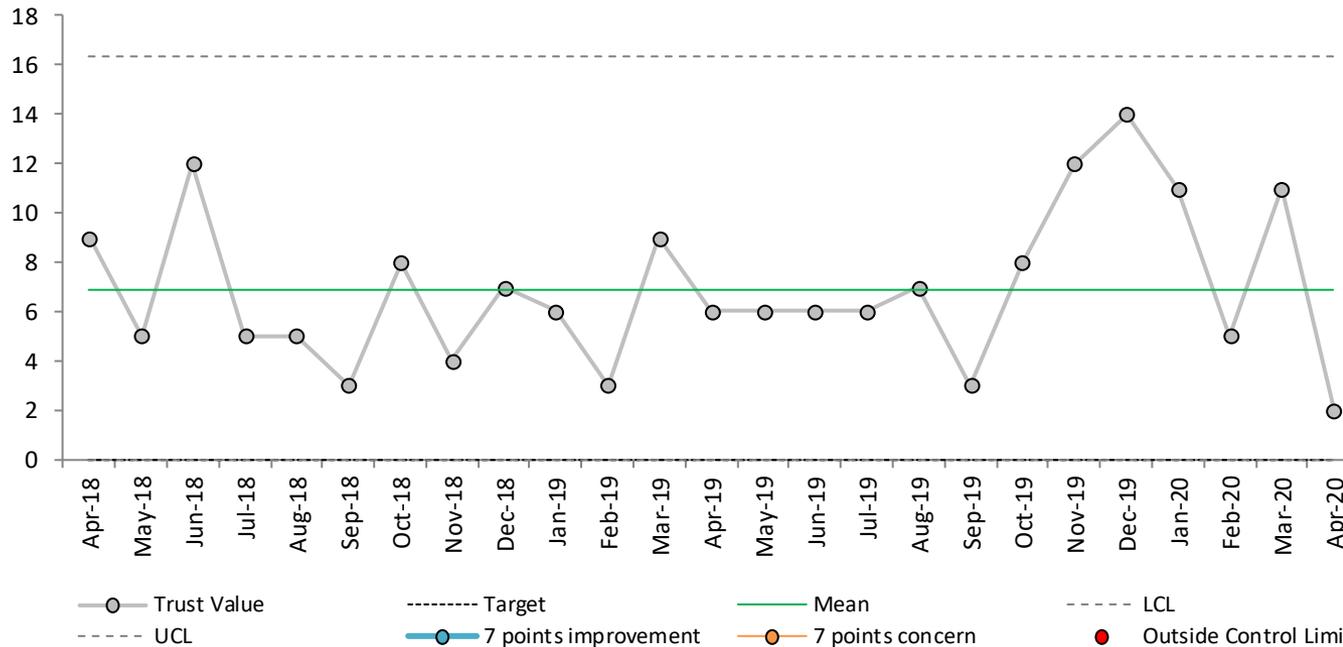
Planned Actions

- Enhanced training for Aseptic Non-Touch Technique (ANTT) continues to be implemented across the trust for all relevant staff groups to address avoidable causes related to invasive procedures.
- By February 2020 >95% of staff in augmented care areas had received training in ANTT. The Trust as a whole is between 75-80% compliant with ANTT training.
- In order to enhance training for ANTT an e-learning package was ordered in 2019/20 and is awaiting delivery and implementation in 2020/21.

Timescale

- On-going and reviewed monthly at IPAG

Serious Incidents



The number of Serious Incidents

Target	0
Mean	6.92
Last Month	2.00

Executive Lead
Deidre Fowler

Operational Lead
Ian Bennett

Commentary
The Trust continues its focus on Serious Incidents. One of the Trusts Quality Priorities for 2020/2021 is to improve the quality of serious incident investigations.

Cause of Variation

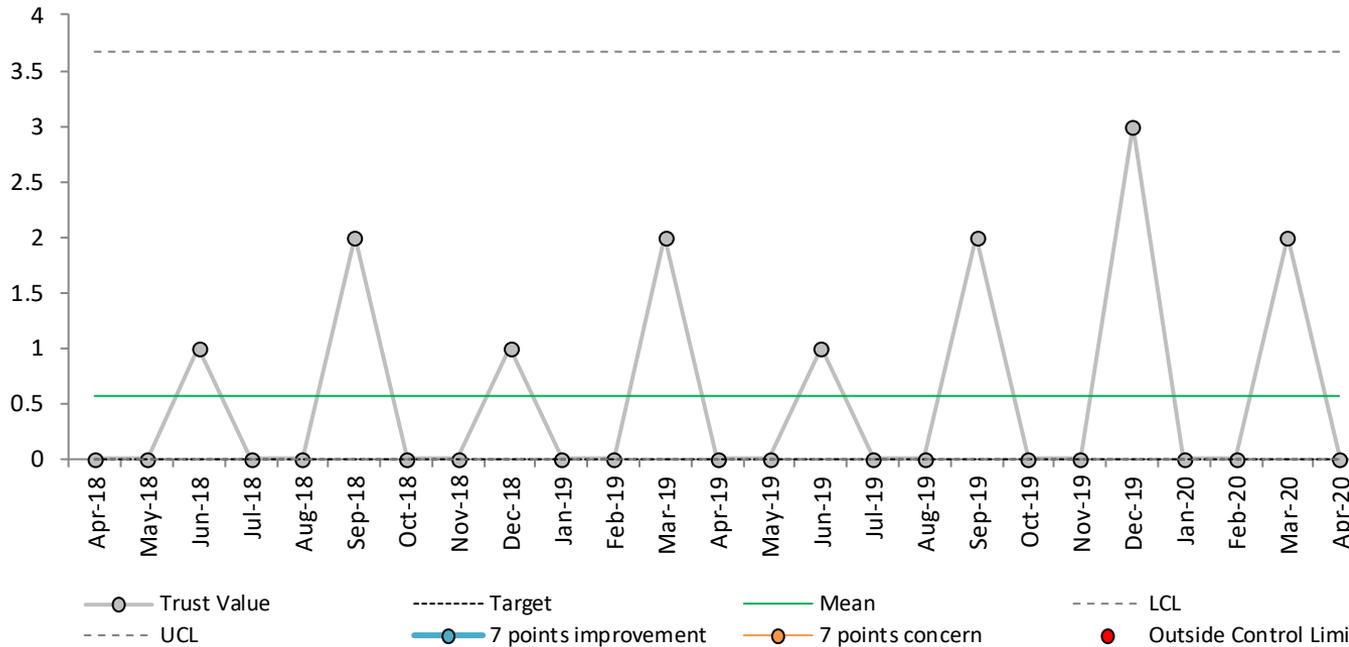
- Serious Incidents are not always reported in the same month that they occur.

Planned Actions

- Director of Nursing and Quality from the CCG has joined the Patient Safety Team one day per week with the aim of reducing the number of open SIs.
- To continue to report and investigate SI's within agreed timescales and ensure lessons learnt are shared across the Organisation.
- Await the publication of the new Patient Safety Incident Response Framework . Commission and deliver training for key staff .

Timescale

Serious Incidents never events



Target	0
Mean	0.56
Last Month	0.00

Executive Lead
Deidre Fowler

Operational Lead
Ian Bennett

Commentary
The Trust continues its focus on Never Events and Serious Incidents. We have agreed as part of our 'moving to good' programme that our patient safety objective will be to have no surgical never events in the future.

Number of reported Never Events

Cause of Variation

- Nationally there is a variation in the number of never events reported of between 28 and 48 per month (2019/20).

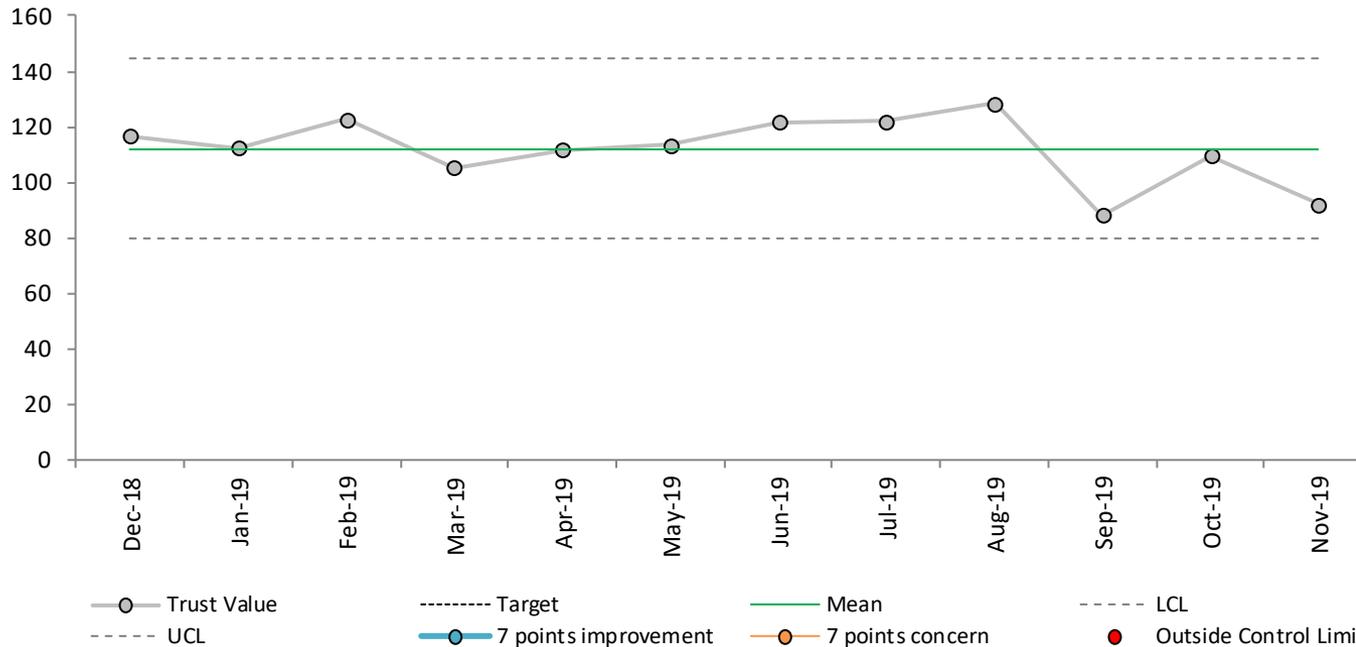
Planned Actions

- A working group for this has been established and a Consultant Vascular Surgeon has been identified to lead this important work.
- A safer surgery oversight group has been established and an improvement, incorporating the feedback from the external review of our never events, recent go and see visits to theatres, human factors training and the recommendations from these investigations which have been concluded.

Timescale

- Eliminating Never Events remains a quality priority for 2020/21.

Hospital Standard Mortality Rate (HSMR)



Target	National Average
Mean	111.96
Last Month	91.95

Executive Lead
Sath Nag

Operational Lead
Tony Roberts

Commentary
HSMR is a commercially produced indicator covering approximately 80% of in-hospital deaths. It is sensitive to specialist palliative care coding levels.

The HSMR measures the rate of observed deaths divided by predicted deaths

Cause of Variation

- All 12 points are within control limits.
- Five rising points between April and September, probably reflecting usual seasonal pattern.

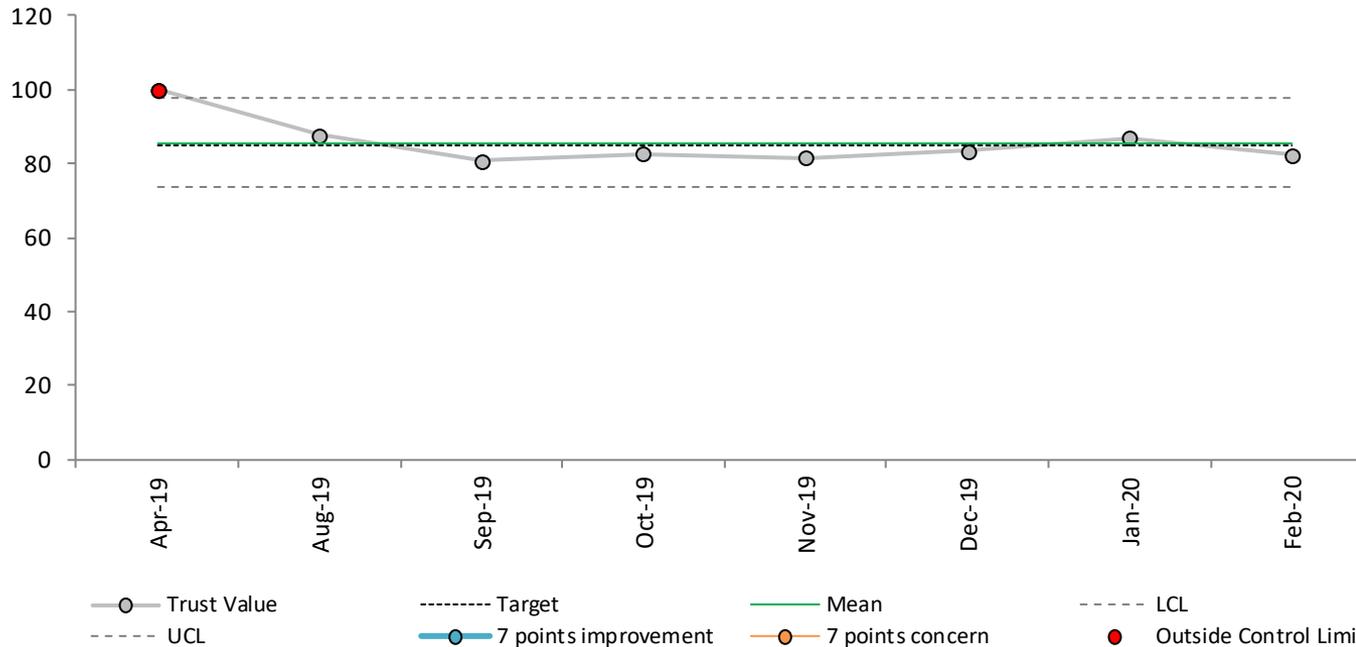
Planned Actions

- Continued monitoring of counts of deaths, unadjusted mortality.
- Summary Hospital-level Mortality Indicator (SHMI) the official NHS hospital mortality indicator which includes all hospital deaths plus deaths within 30 days of discharge. Medical Examiner and Trust level Mortality Reviews and any deaths reported as SI, via nationally mandated Learning from Deaths dashboard.

Timescale

- On-going

F&F A&E Recommendation Rate



The friends and family survey/text recommendation rate for A&E

Target	85
Mean	85.73
Last Month	82.36

Executive Lead
Deidre Fowler
Operational Lead

Commentary

Due to the COVID-19 Pandemic NHS England has suspended the uploading of the FFT data from March 2020 for approximately 3 months. Therefore, there is no data for March 2020 at present.

Cause of Variation

- The feedback received from patients is mainly in relation to waiting times in the departments. This was been fed back to the A&E as this concern was also highlighted in the Urgent and Emergency Care National Survey.

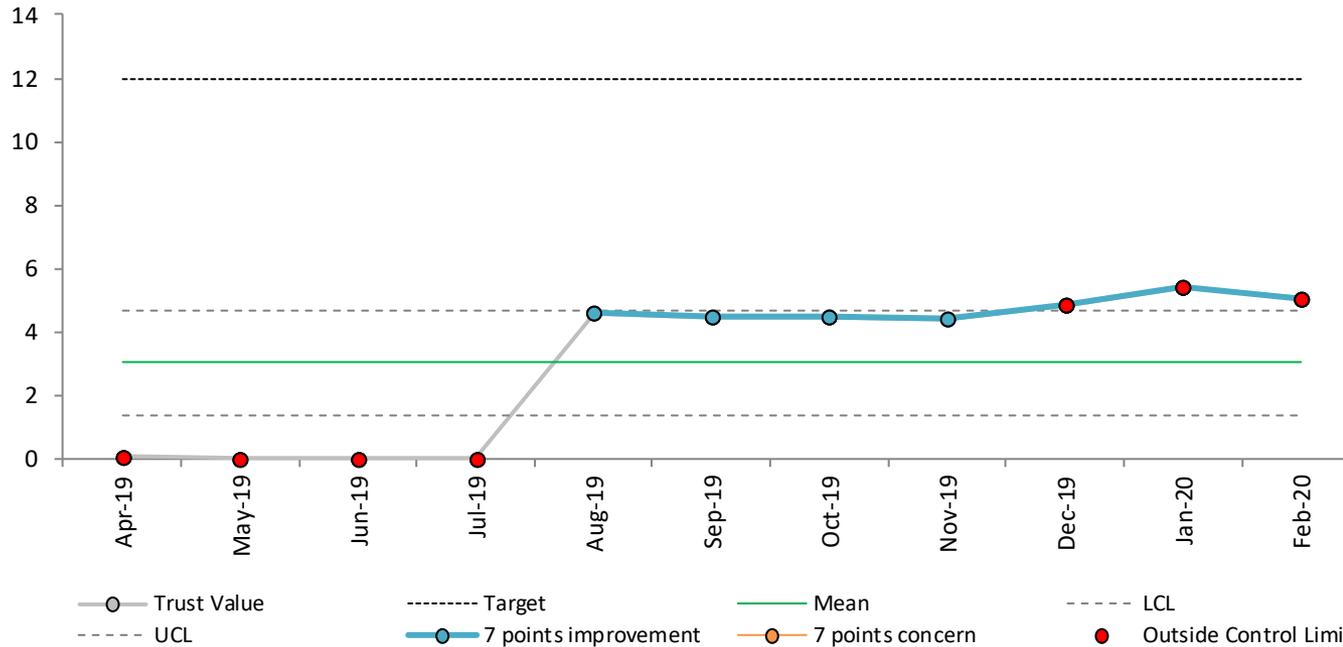
Planned Actions

- A review of technology to support information provision was completed to provide patients with a more detailed update in relation to the reasons for the delays in the department.

Timescale

- February 2020

F&F A&E Response Rate (%)



The response rate to the friends and family survey/text for A&E

Target	12
Mean	3.02
Last Month	5.07

Executive Lead
Deidre Fowler
Operational Lead

Commentary
<p>The FFT question is sent to all patients, over the age of 16, by text post discharge from the A&E.</p> <p>The new guidance states that the FFT question can be asked at any point in a patients journey and not just at discharge</p>

Cause of Variation

- The FFT question is asked via text message and is sent to all patients, who are eligible, unless they opt out.

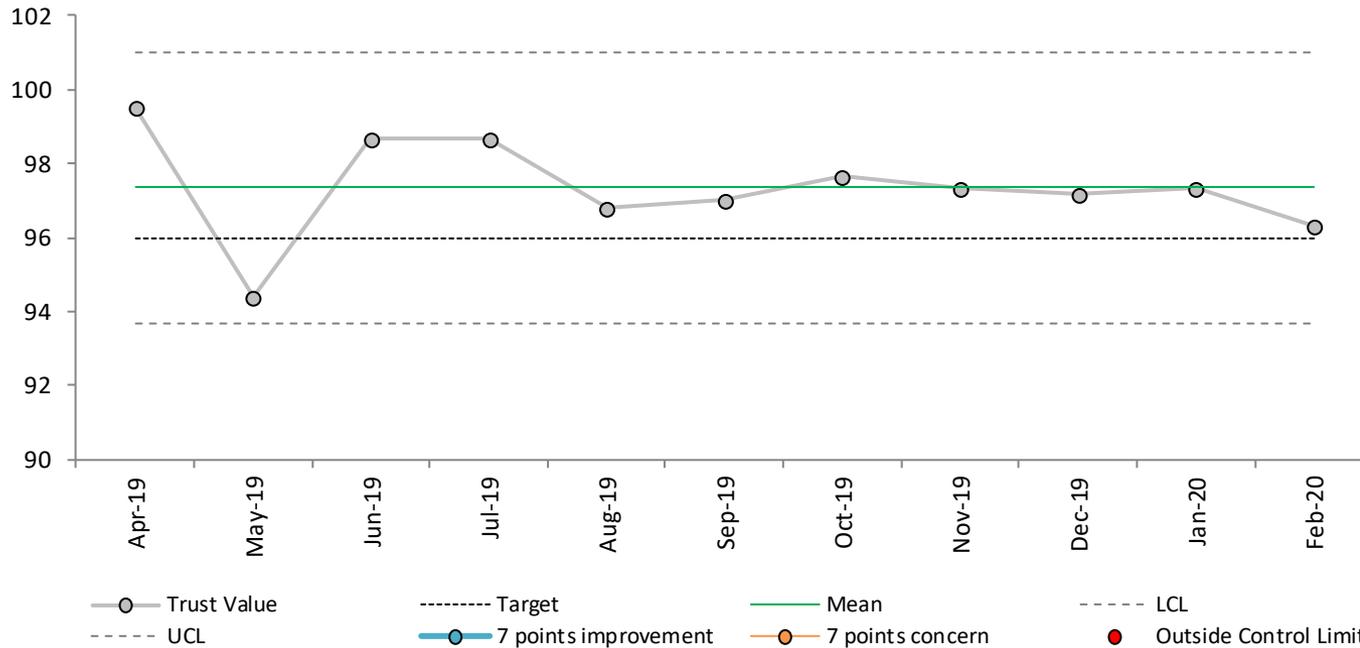
Planned Actions

- Include patients who are transferred to a ward in the FFT text message.

Timescale

--

F&F Inpatient Recommendation Rate (%)



The friends and family survey/text recommendation rate for Inpatient wards

Target	96
Mean	97.35
Last Month	96.31

Executive Lead
Deidre Fowler

Operational Lead

Commentary

Cause of Variation

- Decrease in recommendation rate in February 2020 is possibly due to the an increase in surveys received.

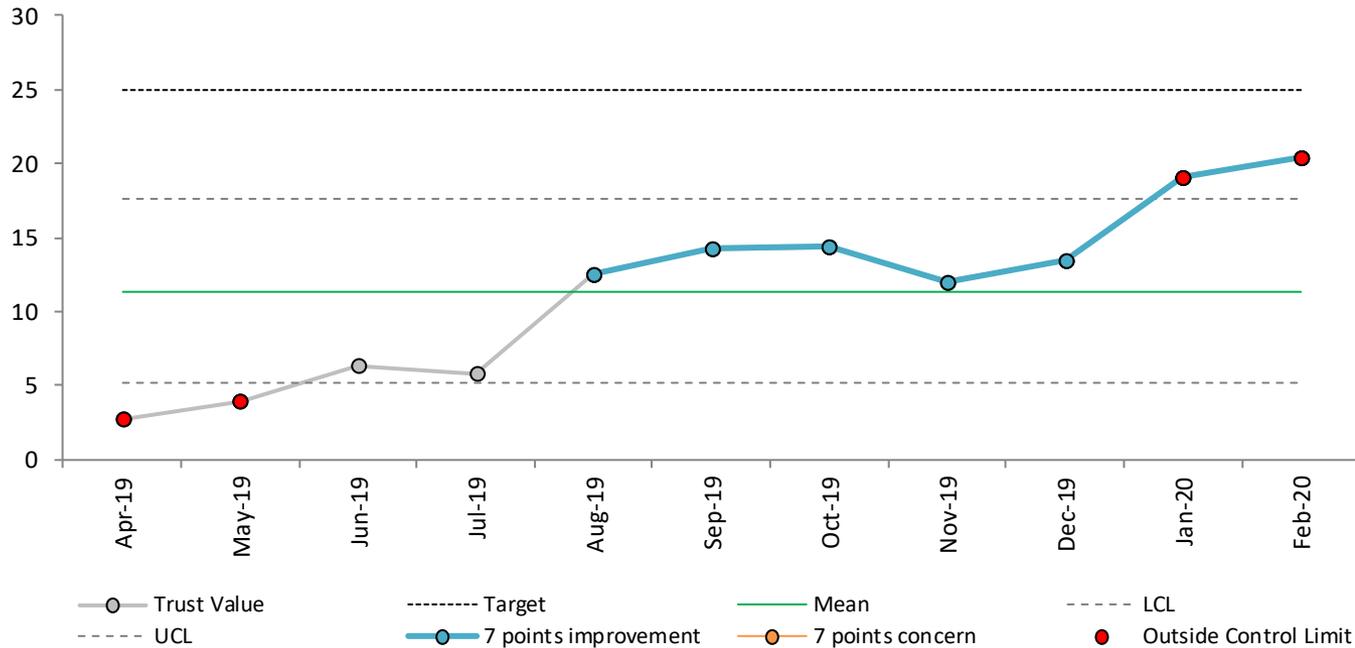
Planned Actions

- Review the comments left on FFT to try and understand the reason for the decrease, along with the data from the inpatient survey.

Timescale

- July 2020

F&F Inpatient Response Rate (%)



The response rate to the friends and family survey/text for Inpatient wards

Target	25
Mean	11.37
Last Month	20.43

Executive Lead
Deidre Fowler

Operational Lead

Commentary
The inpatient FFT question is completed by the patient, relative or carer, which is felt to give a more honest response than being completed by a member of staff, whilst on the ward via the iPad.

Cause of Variation

- The increase seen in January / February 2020 response rate was due to the implementation of 'Key Performance Indicators' (KPI) for all wards, dependent on activity.

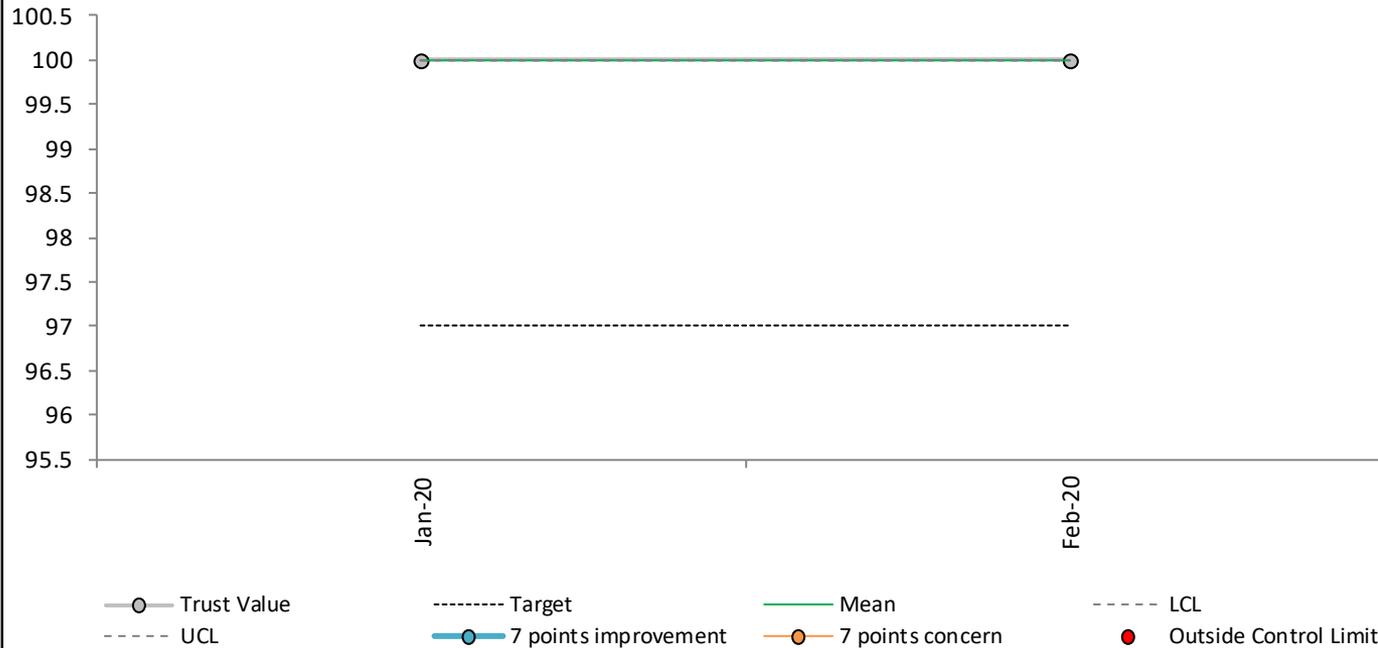
Planned Actions

- To continue to monitor the wards and departments against the KPI.
- The FFT question and inpatient survey are separate on the iPad's, the FFT question will be added to the inpatient survey

Timescale

- Continuous
- July 2020

F&F Maternity Recommendation Rate (%)



The friends and family survey/text recommendation rate for Maternity services

Target	97
Mean	100.00
Last Month	100.00

Executive Lead
Deidre Fowler

Operational Lead

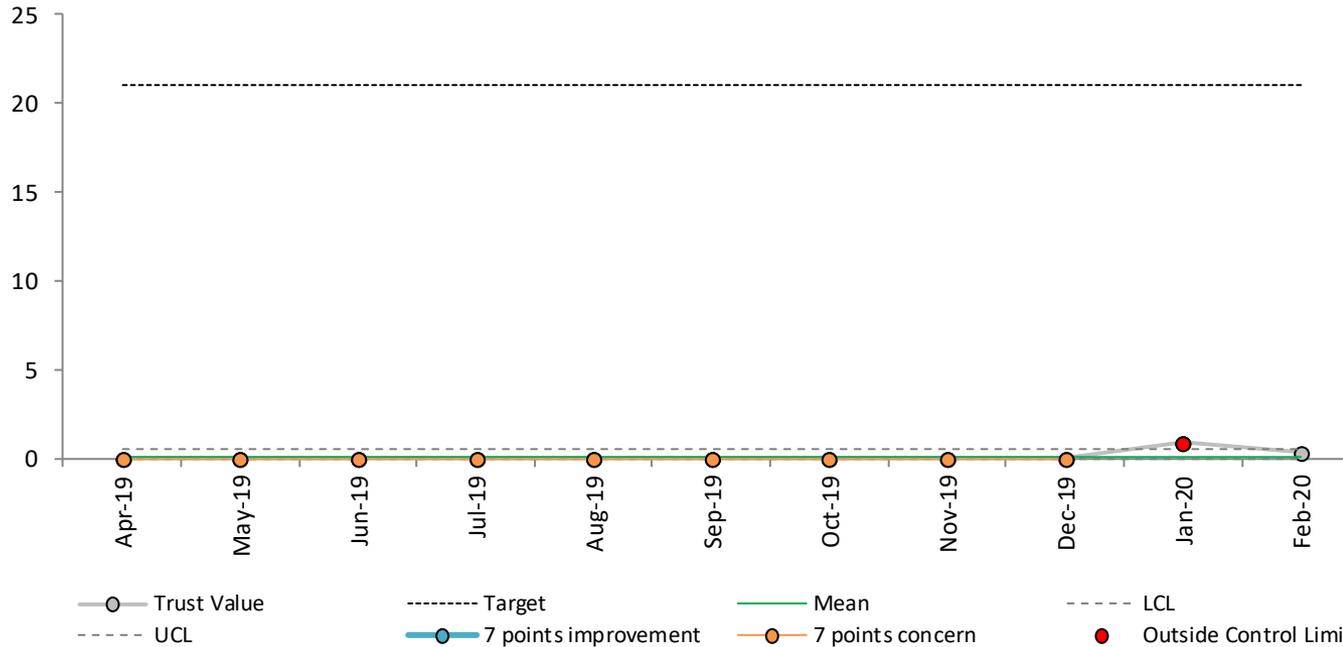
Commentary
Awaiting update

Cause of Variation

Planned Actions

Timescale

F&F Maternity Response Rate (%)



Target 21

Mean 0.11

Last Month 0.33

Executive Lead

Deidre Fowler

Operational Lead

Commentary

Awaiting update

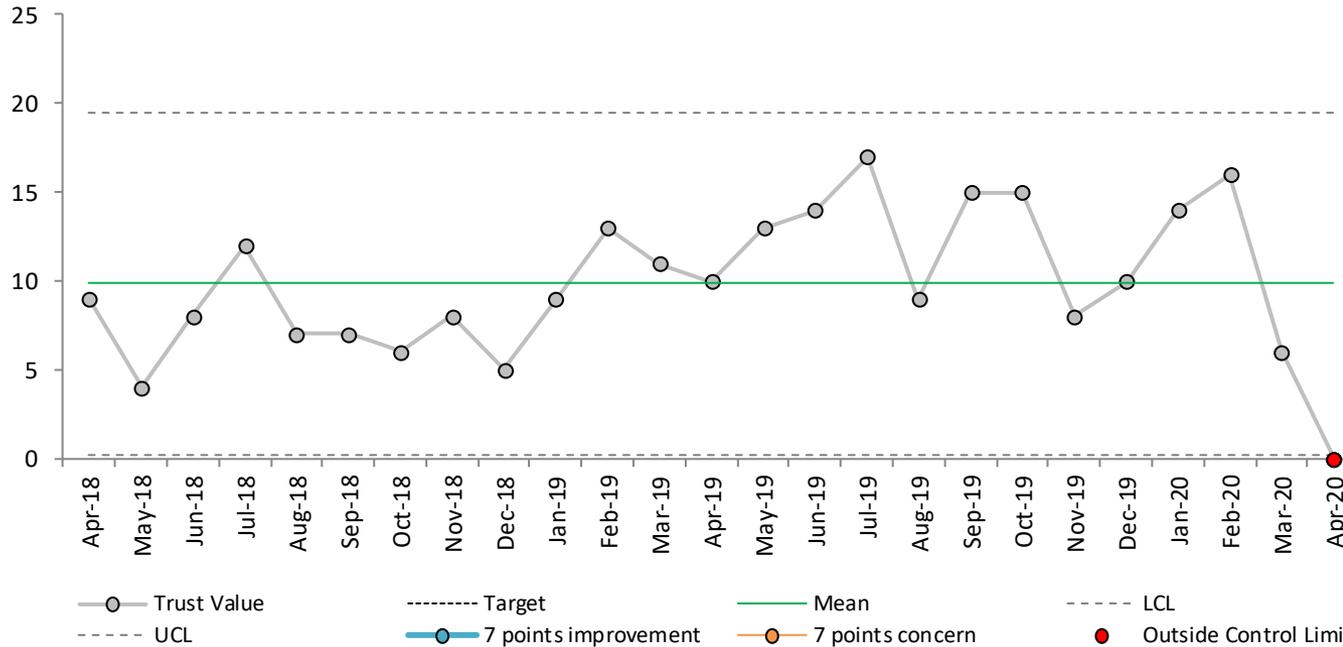
The response rate to the friends and family survey/text for Maternity

Cause of Variation

Planned Actions

Timescale

Open Complaints > 40 Day Response



The number of complaints we have past the 40 day response time

Target	0.00
Mean	9.84
Last Month	0.00

Executive Lead
Deidre Fowler

Operational Lead

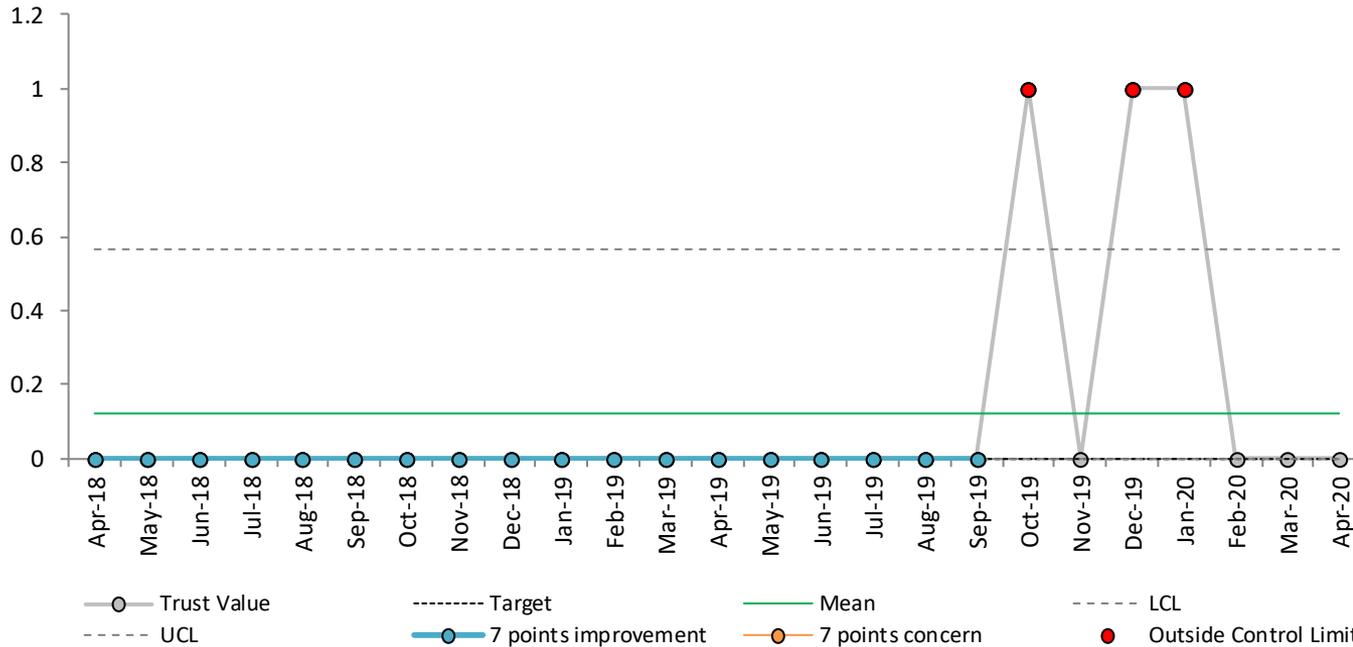
Commentary
Awaiting Update

Cause of Variation

Planned Actions

Timescale

Mixed Sex Accommodation (MSA) Breaches



Target	0
Mean	0.12
Last Month	0.00

Executive Lead
Deidre Fowler

Operational Lead

Commentary
Oct and Dec breaches were on Ward 9.

Feb breach was in the Endoscopy Unit.

The number of non-clinically justified breaches of the single sex accommodation standard

Cause of Variation

Planned Actions

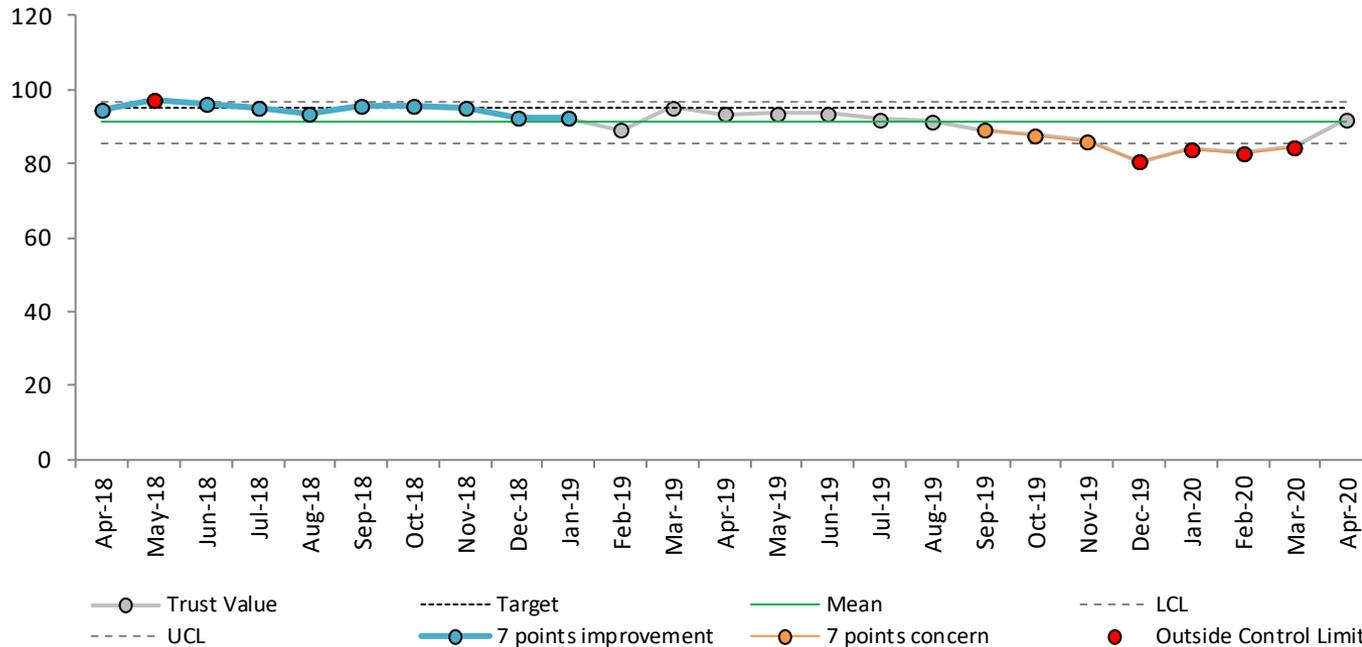
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

A&E 4 Hour Wait Standard (%)



Target	95
Mean	91.34
Last Month	91.93

Executive Lead
Johanna Riley

Operational Lead
Penny Bateman

Commentary

The Trust figure of A&E attendances who have been discharged within the 4 hour target

Cause of Variation

- Bed availability.
- Increase in attendances.
- 12 hour delays increased capacity.
- Crowding in the ED.
- Exit block.
- Lack of capacity in the main department.
- Lack of resus.
- High number of outliers and delayed discharges across the organisation.

Planned Actions

- Trust review of bed base, demand and capacity.
- Pathways to speciality teams.
- Pathology pathways.
- SDEC model to reduce in patient demand.
- Telephone triage to manage demand and provide alternatives.
- Integrated FOH model to enhance pathways.
- FOH CT scanner reducing delays in pathways.

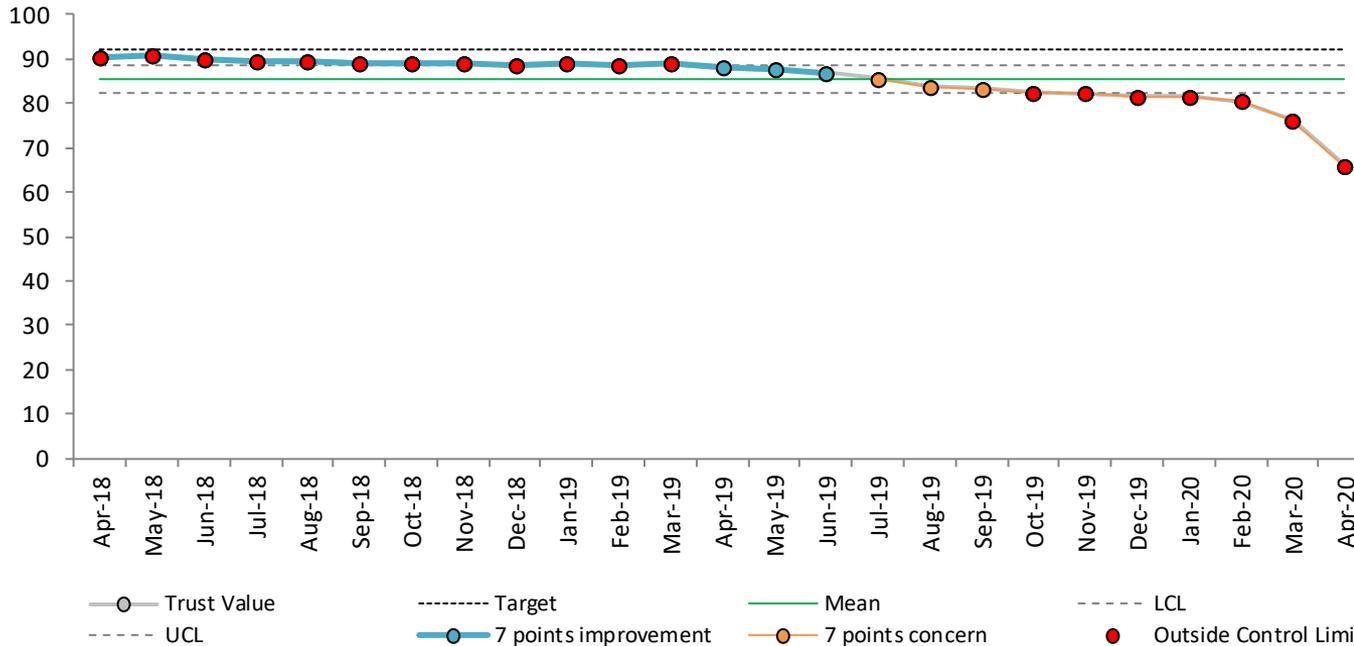
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

RTT Incomplete Pathways (%)



Target	92
Mean	85.60
Last Month	66.04

Executive Lead
Johanna Reilly

Operational Lead

Commentary
April 20 compliance reduced to 66.03%, - 10.14 % in comparison to March 20

The % of incomplete pathways for patients within 18 weeks

Cause of Variation

- In March 2020 the Trust was required to cancel all non-urgent elective activity (by NHSE) for a minimum of three months. RTT compliance has significantly reduced to 66%.
- The number of patients waiting over 52 weeks at the end of April was 111 compared to 15 at the end of March. NHSE plan for waiting list size has been achieved, final position was 2,624 below plan.

Planned Actions

- As the Trust moves into its recovery phase all Directorates have been asked for their recovery plans.
- Consideration of what can be re-started safely will be co-ordinated via the recovery group to ensure sufficient capacity for agreed activity with focus on the patients waiting in excess of 52 weeks where possible.

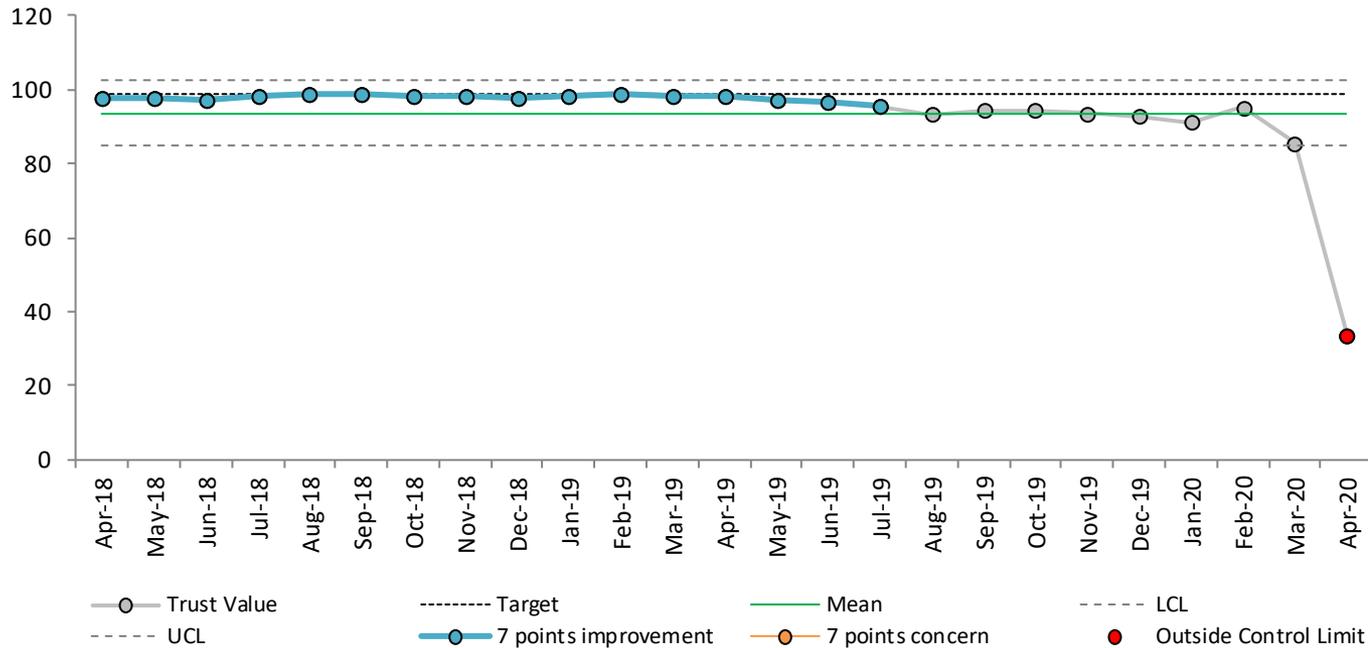
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Diagnostic 6 weeks standard (%)



The % of Diagnostic tests that were carried out within 6 weeks of request being received

Target	99
Mean	93.67
Last Month	33.76

Executive Lead
Johanna Riley

Operational Lead
Kelly Smith/Stuart Finn

Commentary
April 20 compliance reduced significantly to 33.76%, due to the COVID 19 pandemic. (2,339 patients waiting over 6 weeks for a diagnostic test.) Top 5 specialties where the breaches have occurred are Audiology, MRI, Neurophysiology and Colonoscopy.

Timescale

- June 2020
- August 2020

Cause of Variation

- Planning and managing national COVID-19 pandemic has impacted on diagnostic capacity.
- Diagnostic Radiology breaches = 259. 247 of which were MRI breaches. This was due to a failure in following agreed processes in place for re-vetting of referrals during COVID pandemic.

Planned Actions

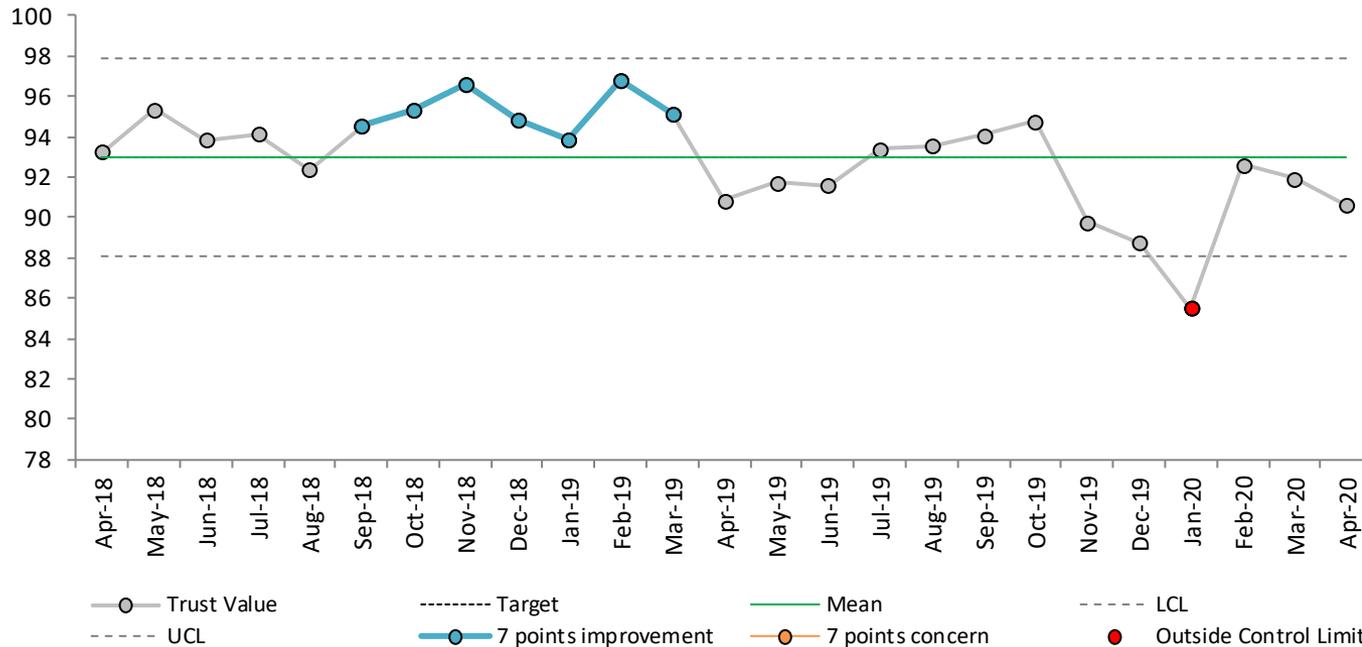
- Neuroradiology Service Manager has reaffirmed the current process with Neuroradiologists. Patient connect team have been reminded to continue with housekeeping processes for managing filters.
- Meridian working with Radiology to review capacity and demand, room utilisation and associated work plans. It is anticipated this work should reduce the amount of work that is outsourced in the future and clearly identify gaps in workforce.

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 14 Day Standard (%)



Target	93
Mean	93.01
Last Month	90.59

Executive Lead
Mr Chadwick

Operational Lead

Commentary
March 20 compliance was 91.91%, breaches occurred in Plastic Surgery, Urology and Gastroenterology.

The Trust figure showing number of patients treated within the 14 day target

Cause of Variation

- Full impact of COVID 19 pandemic experience from April onwards with a significant drop in referrals by around 75%.
- Later weeks we have seen this improve following media campaigns etc. to around 50% of our average referrals.

Planned Actions

- 2 week rule clinics re-instated including endoscopy capacity although this remains limited
- Weekly cancer performance wall continues virtually to identify pressures and themes

Timescale

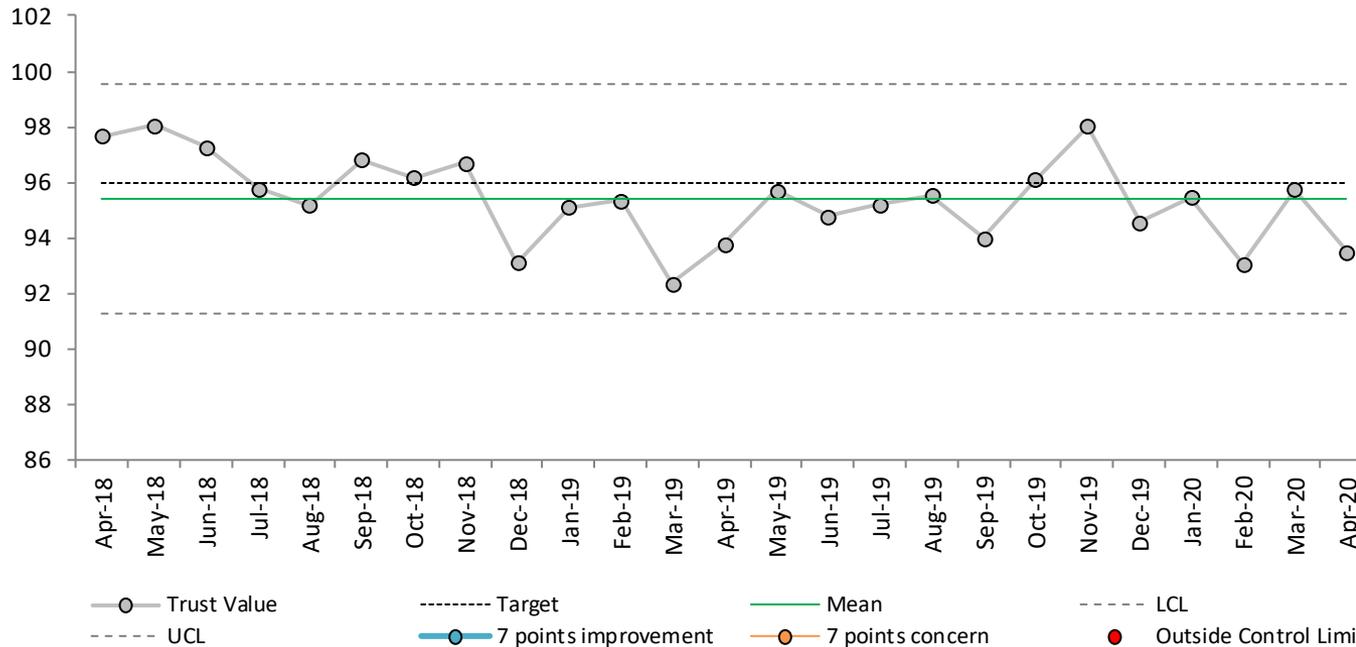
- Weekly review – additional capacity approved by Recovery Group

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 31 Day Standard (%)



The Trust figure showing number of patients treated within the 31 day target

Target	96
Mean	95.40
Last Month	93.49

Executive Lead
Mr Chadwick

Operational Lead

Commentary
 March 20 compliance was 95.73%, 12 breaches in total 5 Head & Neck, 3 Urological, 2 Upper GI and 1 Haematology.

Cause of Variation

- It should be noted that those who have breached the 62 day standard often carry a 31 day standard as well.
- Diagnostic capacity increasing as COVID 19 demand reduces.

Planned Actions

- Ensure all patients are tracked and expedited where appropriate.
- Weekly cancer performance wall continues virtually
- Operations Directors/Service Managers to implement recommendations from recovery plans.

Timescale

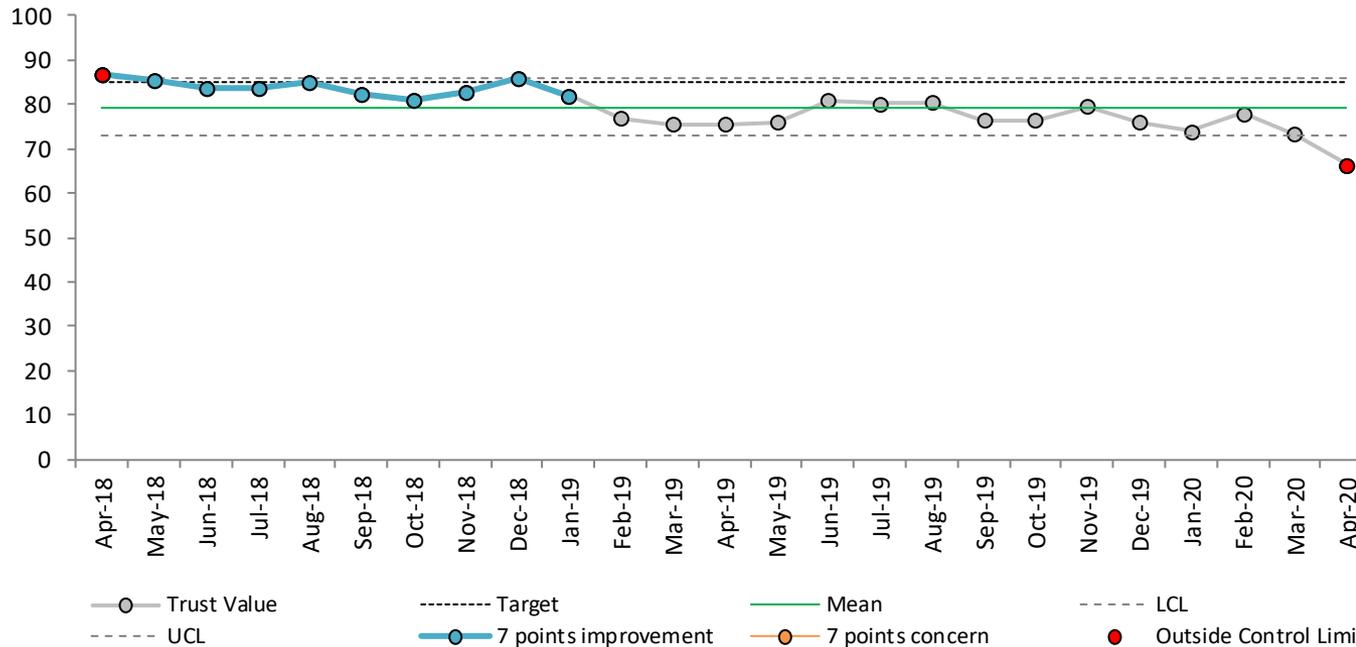
- May 2020
- Weekly
- Progress reviewed monthly with escalation to Board through performance report

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancer Treatment - 62 Day Standard (%)



Target	85
Mean	79.37
Last Month	66.37

Executive Lead
Mr Chadwick

Operational Lead

Commentary
March 20 compliance was 73.16%, 51 breaches – main reasons for the breaches were complex pathways – including multiple tests and speciality involvement, medical reason and patients choice.

The Trust figure showing number of patients treated within the 62 day target

Cause of Variation

- Overall treatments in March were up in comparison to the same period last year by 8.5% (174.5 v 190 treatments).
- Tees wide cancer cell developed ensuring all priority 2 patients are operated on within a four week period – Trust is managing to consume priority 2 cancer demand .

Planned Actions

- Deep dive reviews carried out with tumour site MDTs – expedite implementation of recommendations where possible.
- STAR chamber reviews with priority MDT tumour site leads planned over the next three weeks.
- Weekly hot clinics in place to review breaches and identify themes..

Timescale

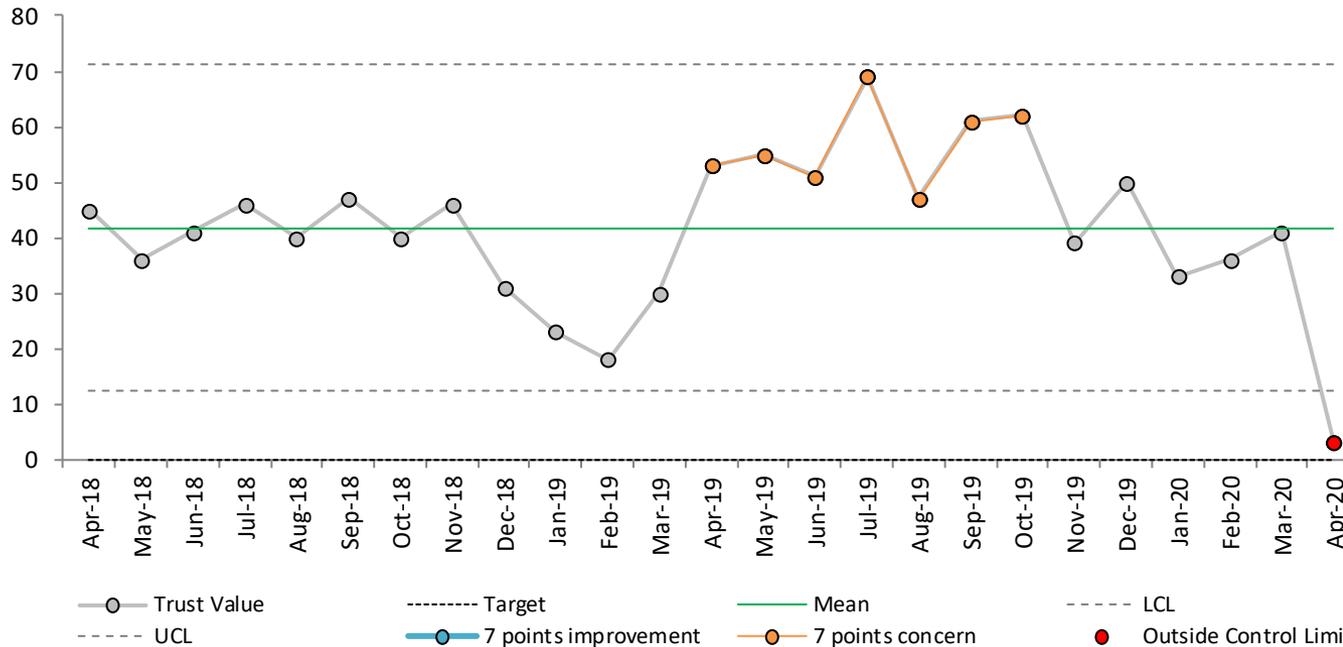
- October 2020
- June 2020
- Weekly on-going

Responsive



South Tees Hospitals
NHS Foundation Trust

Non-Urgent Ops Cancelled on Day



The number of non-urgent operations that were cancelled on the day of the procedure

Target	0
Mean	41.72
Last Month	3.00

Executive Lead
Johanna Reilly
Operational Lead
Sue Geldart

Commentary

Cause of Variation

- Significant reduction in the number of non-urgent operations cancelled on the day (day of admission or day of procedure) due to limited number of elective / non-urgent procedures going ahead during the COVID-19 pandemic.
- Three patients cancelled during April (1xGynaecology, 2x Urology) versus mean of 41.72 over previous months.

Planned Actions

- Continue to book non-urgent patients as set out in the Trust's Standard Operating Procedure for prioritisation of elective patients during current COVID-19.
- Continue to ensure that patients are suitably consented and pre-assessed prior to admission (and swabbed 48 hours prior to admission) to minimise the likelihood of 'hospital initiated' cancellation.

Timescale

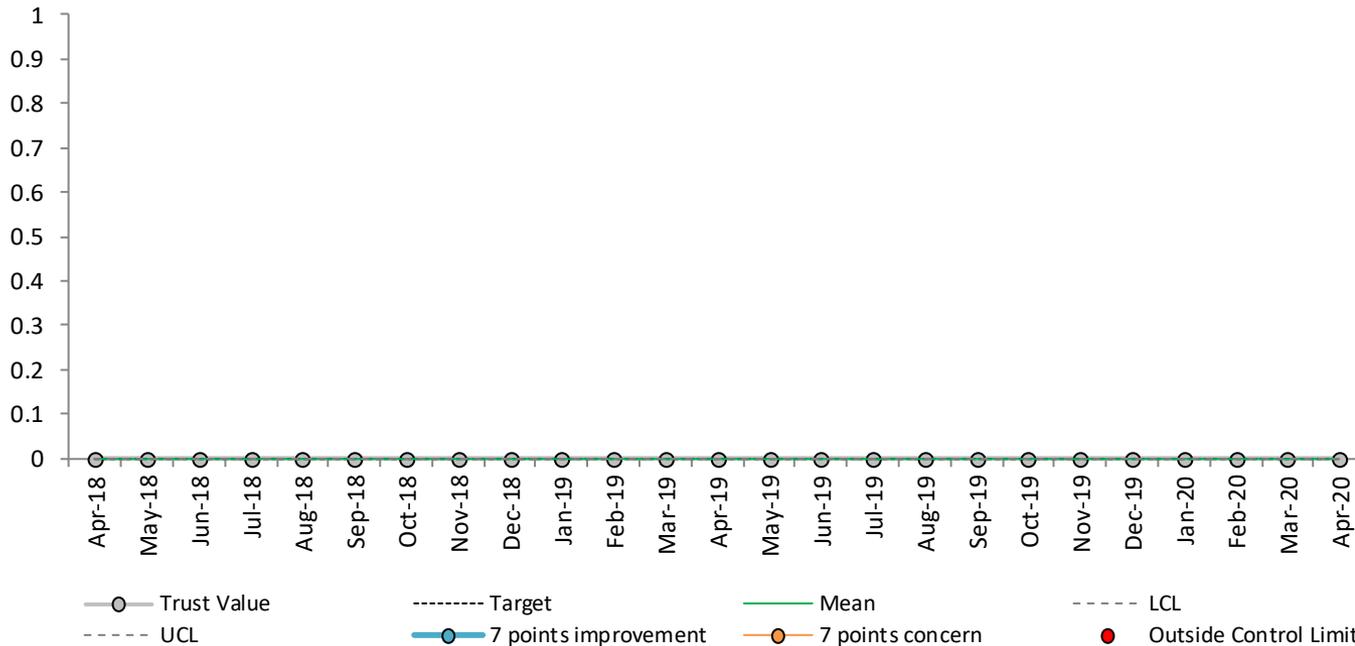
- On-going

Responsive



South Tees Hospitals
NHS Foundation Trust

Urgent Ops Cancelled on Day



Target	0
Mean	0.00
Last Month	0.00

Executive Lead
Johanna Reilly
Operational Lead
Sue Geldart

Commentary

The number of urgent operations that were cancelled on the day of the procedure

Cause of Variation

- From the data above this suggests no urgent operations have been cancelled on the day (day of admission or day of procedure) for hospital initiated reasons. No exceptions to report (assuming zero cancellations based on the graph provided above).

Planned Actions

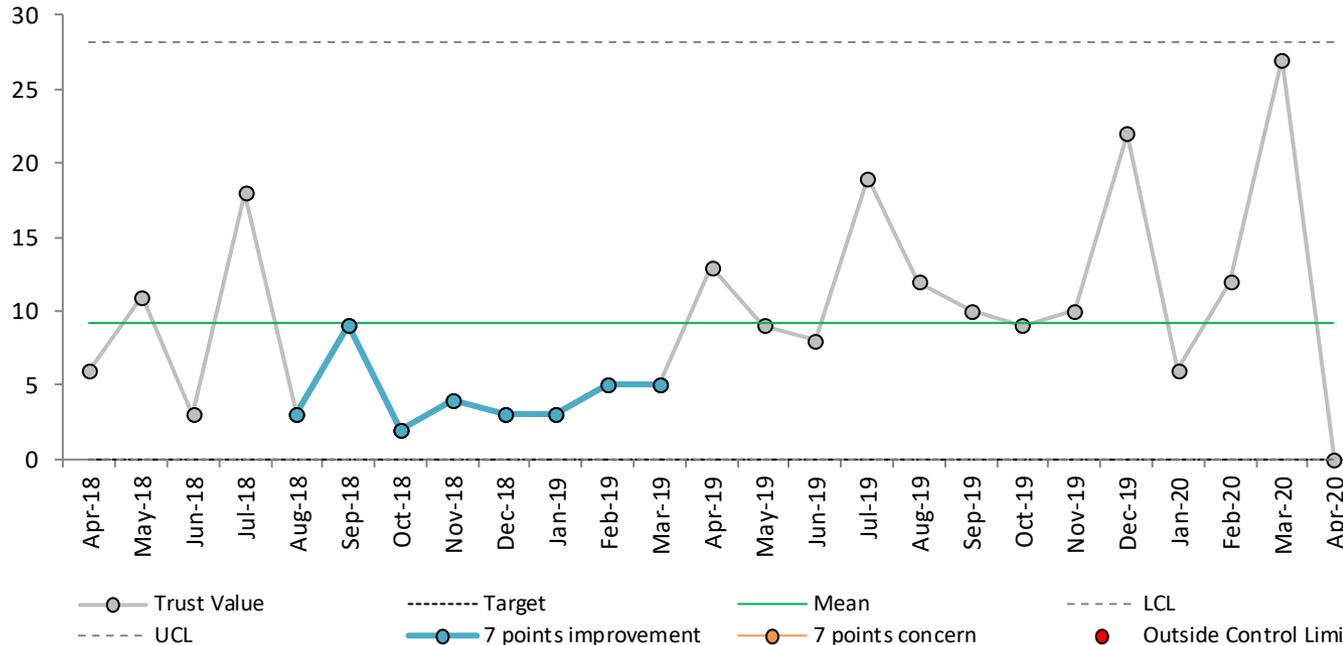
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Cancelled Ops not rebooked within 28 days



Target 0.00

Mean 9.16

Last Month 0.00

Executive Lead

Johanna Reilly

Operational Lead

Sue Geldart

Commentary

April 20 the trust had 3 cancelled operations all were re-booked within the 28 day standard.

Cancelled operations for non-clinical reasons not rebooked within 28 days

Cause of Variation

- As per slide 26, the Trust cancelled three non-urgent patients. All patients were re-booked within the 28 day standard.

Planned Actions

- Continue to monitor the number of non-urgent patients cancelled due to hospital initiated reasons (aim to minimise).
- Actively promote (and provide routine reports) to ensure that short notice cancellations are re-booked within the 28 day standard.

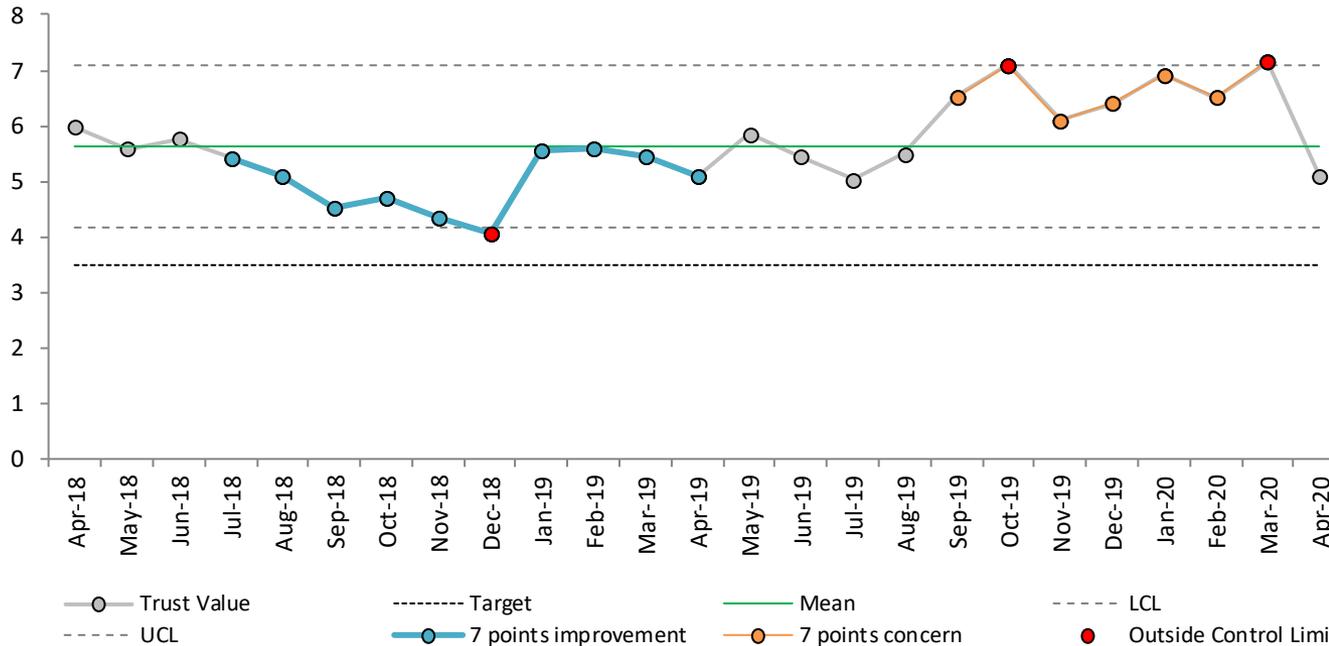
Timescale

Responsive



South Tees Hospitals
NHS Foundation Trust

Delayed Transfers of Care (%)



Delayed transfers of care compliance

Target	3.5
Mean	5.63
Last Month	5.09

Executive Lead
Joanne Dobson

Operational Lead

Commentary
Significant improvement in DToC rates since March 2020.

Cause of Variation

- COVID 19 discharge guidance facilitated planned changes to DToC.
- Improved working relationships with CCG and Local Authority.
- Streamlined discharge processes.

Planned Actions

- Embed Medworxx across the organisation as a continuous improvement tool to identify themes that delay discharges.
- Continue with > 7 day LoS MDT reviews .
- Ensure 'Home first' ethos across the organisation and embed discharge to assess.
- Organise system wide lessons learned event.

Timescale

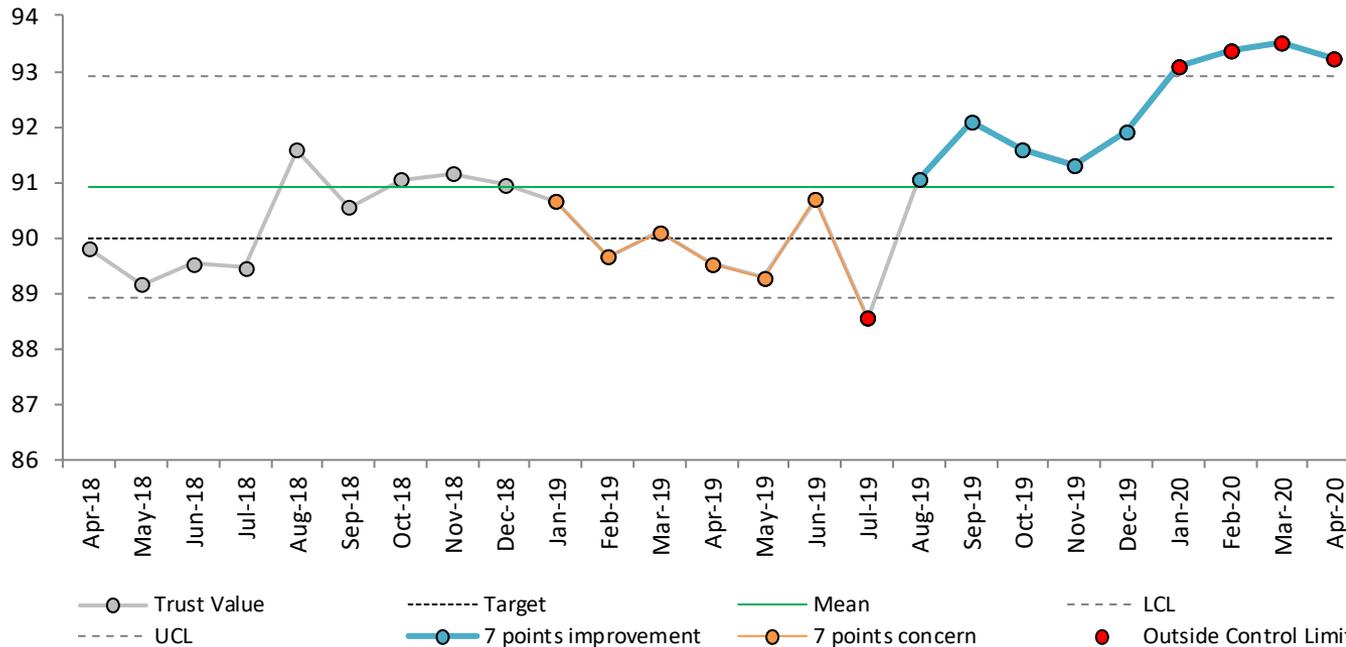
- Detailed action plan supporting DToC - targeting wards that require additional support.
- July/August 2020

Responsive



South Tees Hospitals
NHS Foundation Trust

E-Discharge (%)



The % of clinical discharge letters which were sent within 24 hours

Target	90
Mean	90.91
Last Month	93.24

Executive Lead

Johanna Reilly

Operational Lead

Commentary

Variable performance completing E-discharges within target – focus on discharge processes has led to an improved position of late.

Cause of Variation

- Improving position as COVID 19 activity decreases.

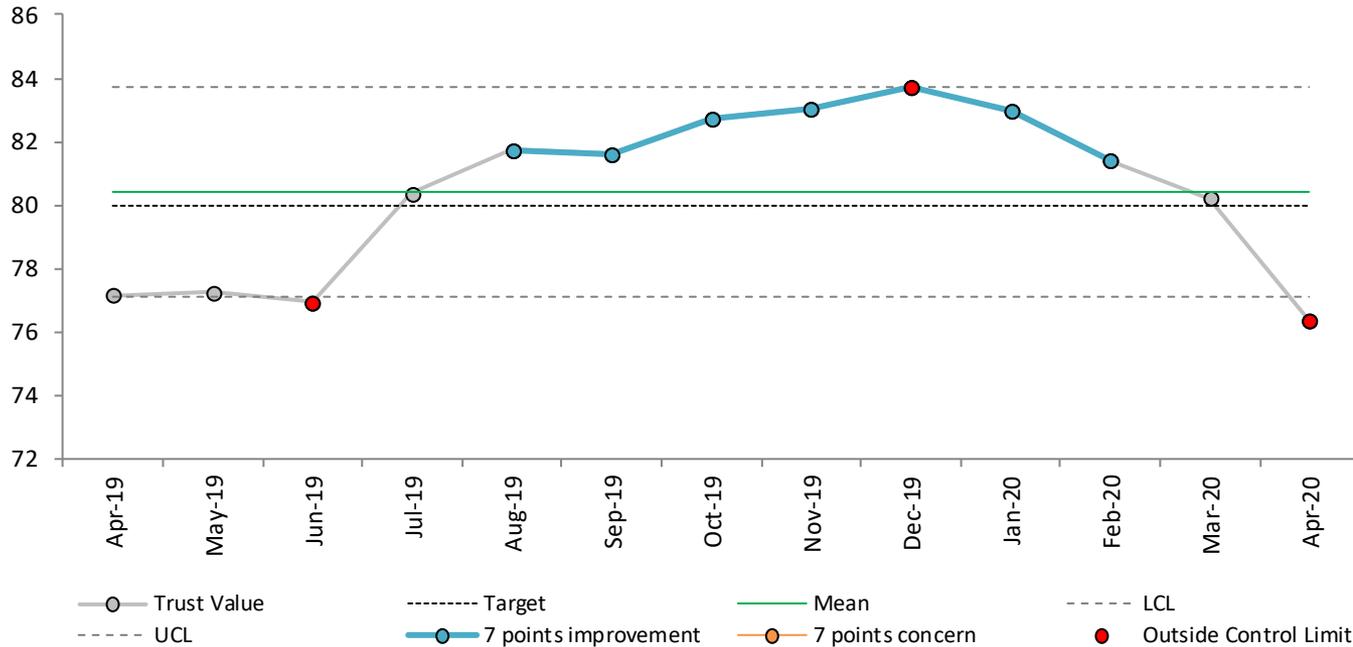
Planned Actions

- Continue to work with Clinical Directors to ensure e-discharges are prioritised and completed within 72 hours.
- Additional computers on wheels ordered to support timely discharges.

Timescale

- Monthly review of compliance
- August 2020

Annual Appraisal (%)



Target	80
Mean	80.42
Last Month	76.33

Executive Lead
Rachael Metcalf
Operational Lead
Jane Herdman

Commentary

Annual Appraisal Rate

Cause of Variation

- Planning and managing national COVID-19 pandemic.
- Managers focussed on alternative pressures resulting in non-completion of people related targets.
- HR team realigned to support COVID-19 .

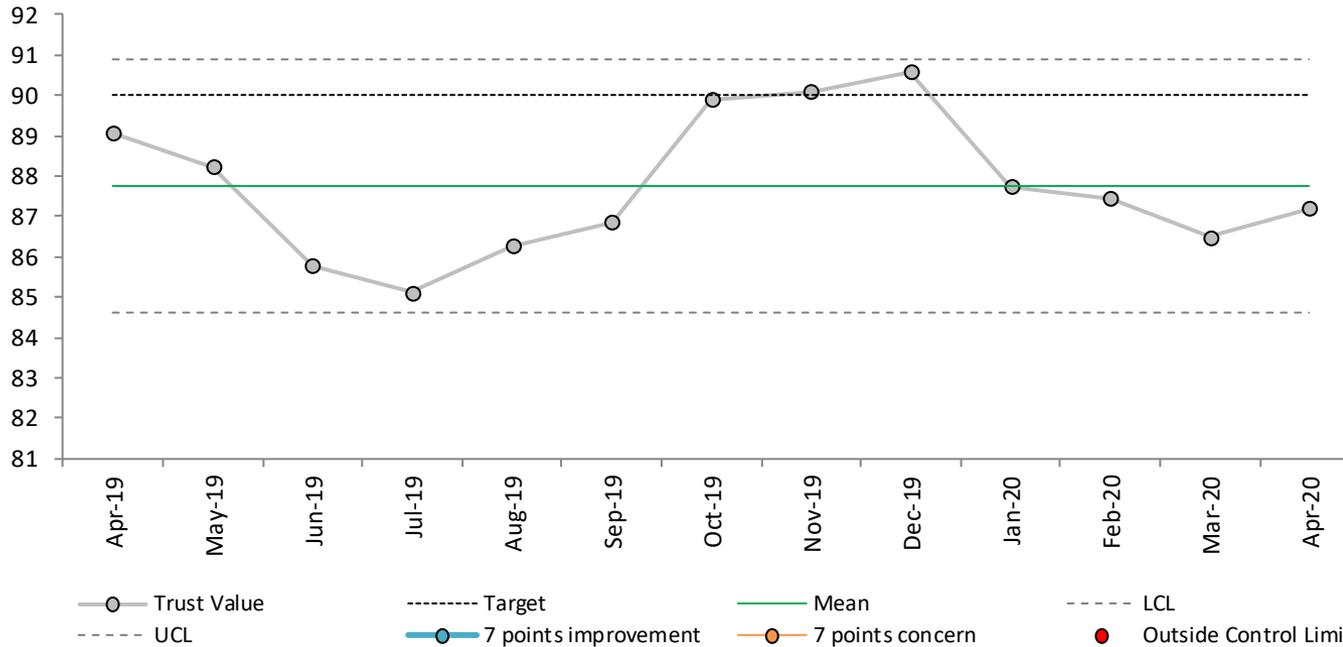
Planned Actions

- Re-distribute SDR overdue data to managers and identify hotspot areas.
- Review the approach to completion of SDRs – provide a tight timescale to reach compliance (4 months)
- HRBPs to discuss outstanding SDRs and prioritisation with OD's for each Centre.

Timescale

- End May 2020
- End May 2020
- End May 2020

Mandatory Training (%)



The % of Mandatory Training Compliance

Target	90
Mean	87.75
Last Month	87.20

Executive Lead
Rachael Metcalf
Operational Lead
Jane Herdman

Commentary

Cause of Variation

- COVID-19 resulting in staff being redeployed to alternative duties.
- Limited data provision regarding overdue Mandatory Training elements.
- Trust Induction suspended during COVID pandemic.

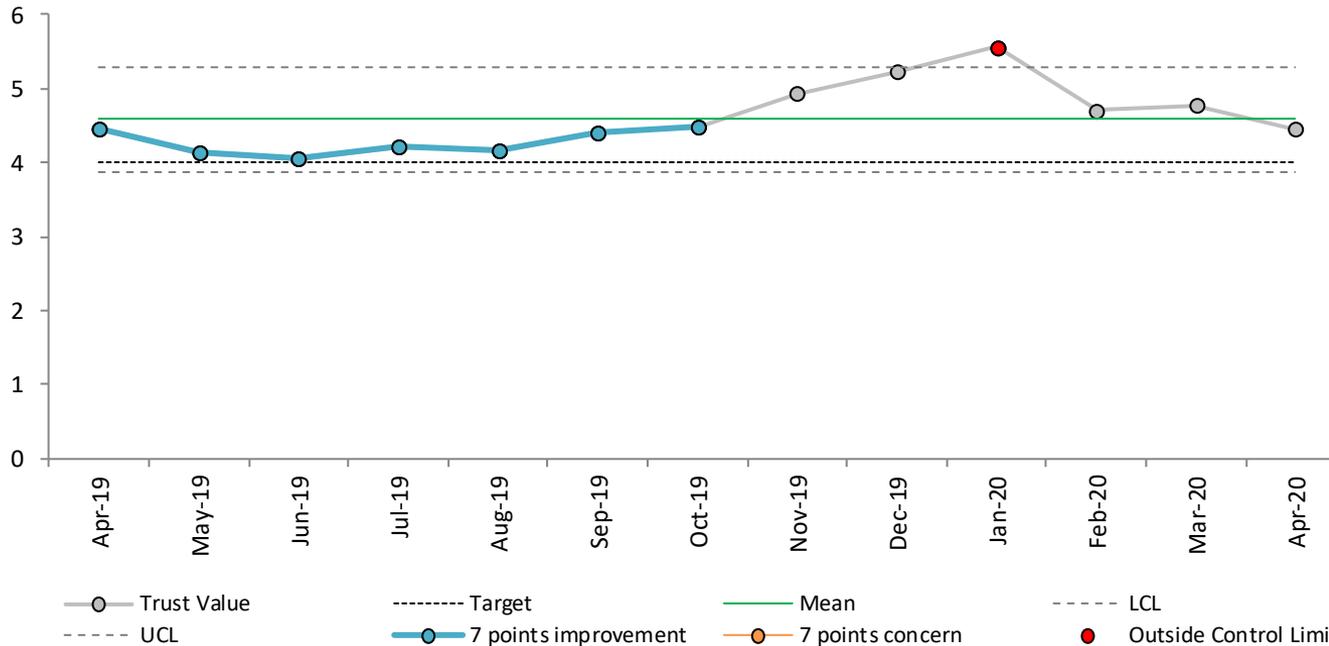
Planned Actions

- Produce appropriate data and submit to managers.
- Review timescale for completion with a view to reaching compliance within a 4 month timescale.
- Re-establish project group to transfer mandatory training elements onto ESR .

Timescale

- End May 2020
- End May 2020
- End June 2020

Sickness Absence (%)



Target	4
Mean	4.58
Last Month	4.45

Executive Lead
Rachael Metcalf
Operational Lead
Jane Herdman

Commentary

The % of monthly sickness absence

Cause of Variation

- Focus on COVID-19 pandemic and related absence.
- Limited data provision due to above.
- Formal absence meetings I suspended since March 2020 due to COVID-19 – agreed with Staff Side .

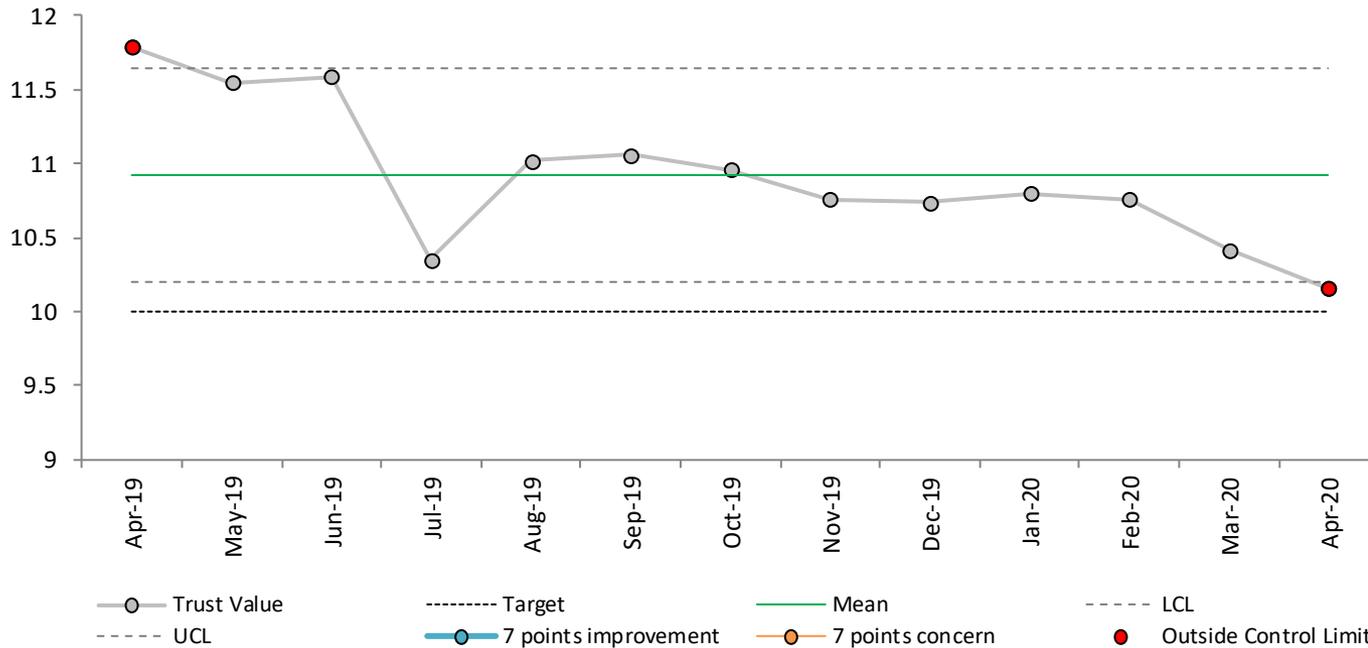
Planned Actions

- Renew focus on BAU absence by providing appropriate data and identifying staff who have reached trigger points etc.
- Re-establishment formal absence meetings .
- HRBPs to discuss absence hotspots within Centre Operational Meetings .

Timescale

- End May 2020
- Mid June 2020
- End May 2020

Staff Turnover (%)



Staff turnover rate

Target	10
Mean	10.92
Last Month	10.16

Executive Lead
Rachael Metcalf
Operational Lead
Jane Herdman

Commentary

Cause of Variation

- Decrease in staff turnover due to COVID-19 pandemic .
- Increase focus on engagement, well being and retention.

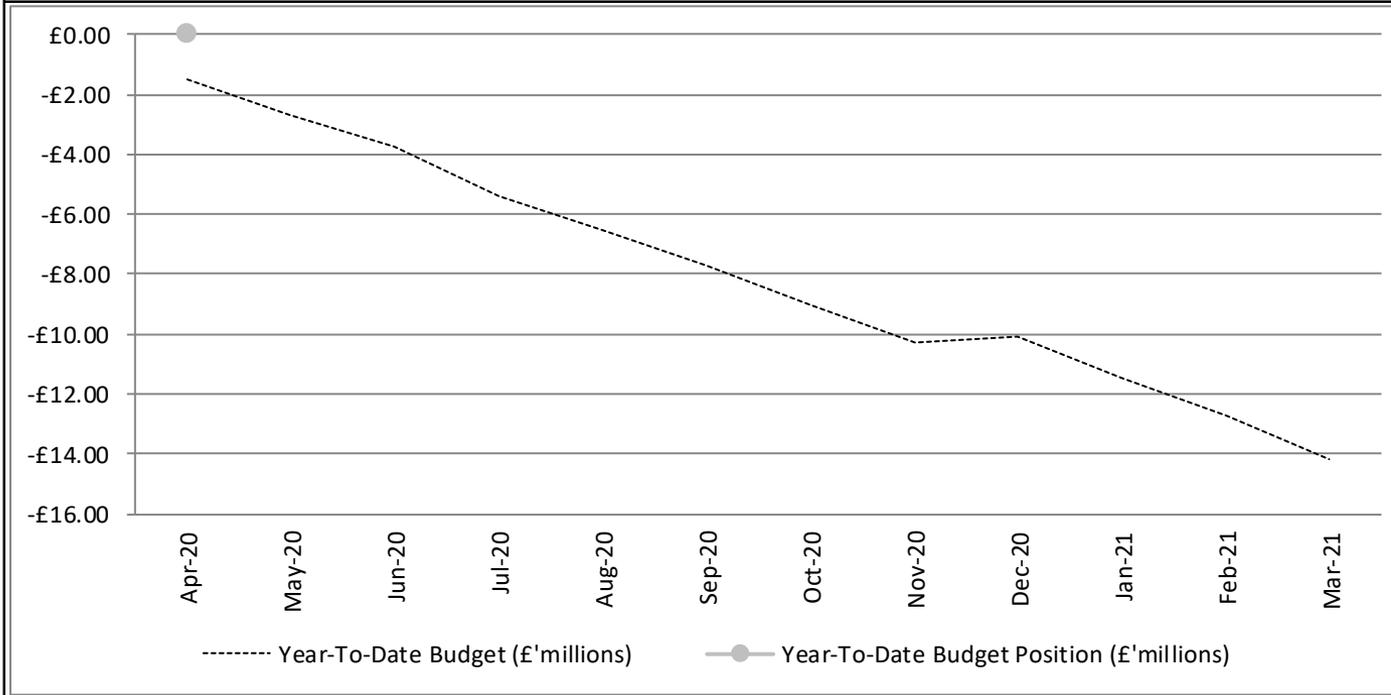
Planned Actions

- Conduct exit interview exercise with all staff who have left organisation since January 2020.
- Review Exit Interview process – discuss at Centre level and agree implementation process.
- Staff Engagement - Re-establish Staff Survey outcomes and support development of action plans.

Timescale

- End May 2020
- End June 2020
- End June 2020

Year-To-Date Budget Position (£'millions)



Year-To-Date Budget Position

Target	-1.50
Mean	N/A
Last Month	0.00

Executive Lead
Steven Mason

Lead
Luke Armstrong

Commentary
The Trust has recorded a break even position for month 1, as required by the new financial arrangements from NSHE/I. Leading to the Trust being £1.5m ahead of its internal budget.

Cause of Variation

- In month Covid-19 specific costs of £0.4m on pay and £2.5m on non pay, these have been assumed as reimbursed by NHSE/I.
- Large underspends noticed on clinical supplies £1.3m and Drugs £0.5m due to reductions in activity.

Planned Actions

- Continuation of detailed monitoring of pay costs to challenge and ensure appropriateness of any additional spend.
- Review of Covid-19 specific expenditure in line with revised NSHE/I guidance for M2.

Timescale

- Review and implementation of new NHSE/I guidance for M2.
- On-going review of pay costs.

Patient Safety, Patient Experience, Quality & CQC update

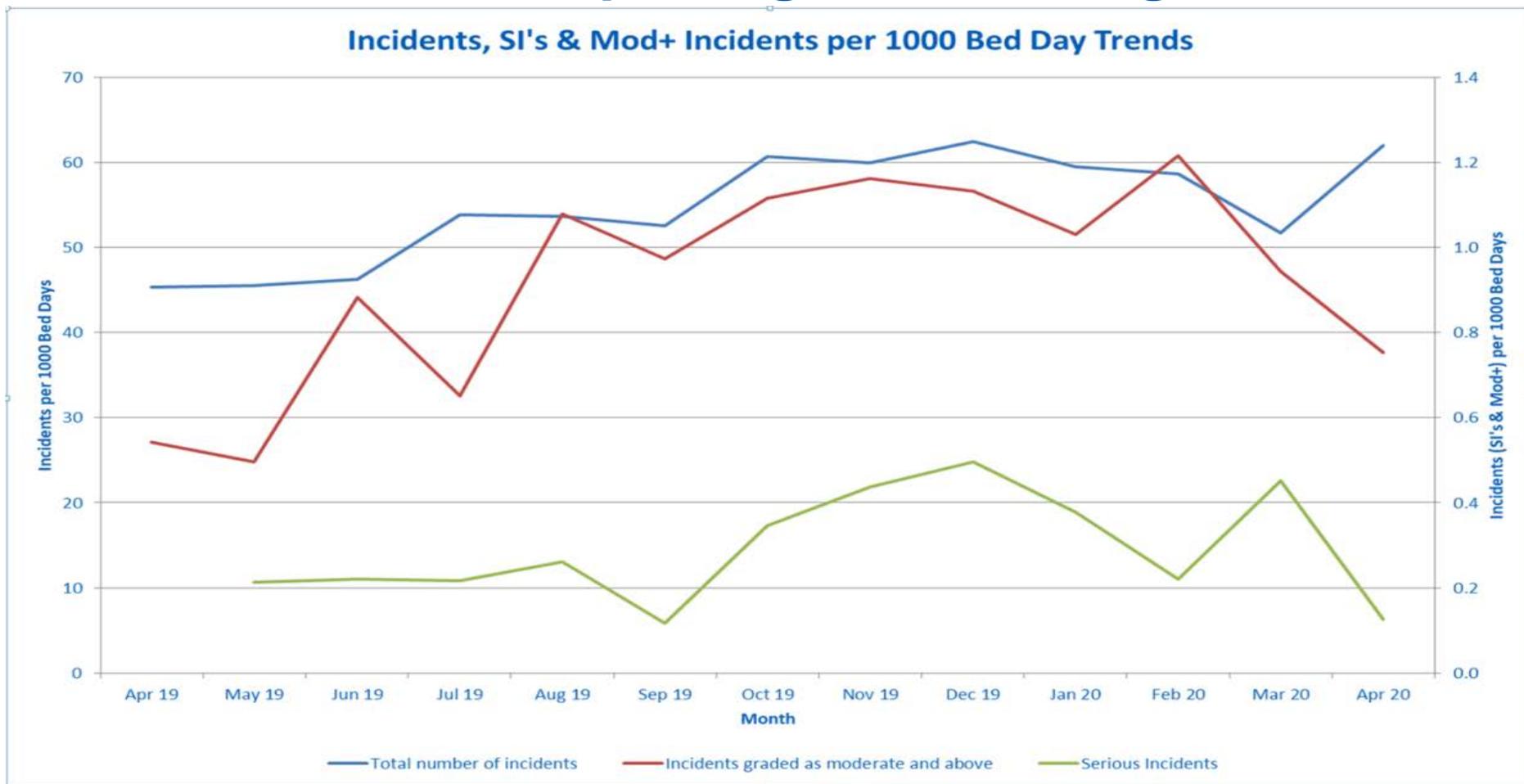
Ian Bennett
Head of Patient Safety
& Quality

 Queen's Nurse

2nd June 2020

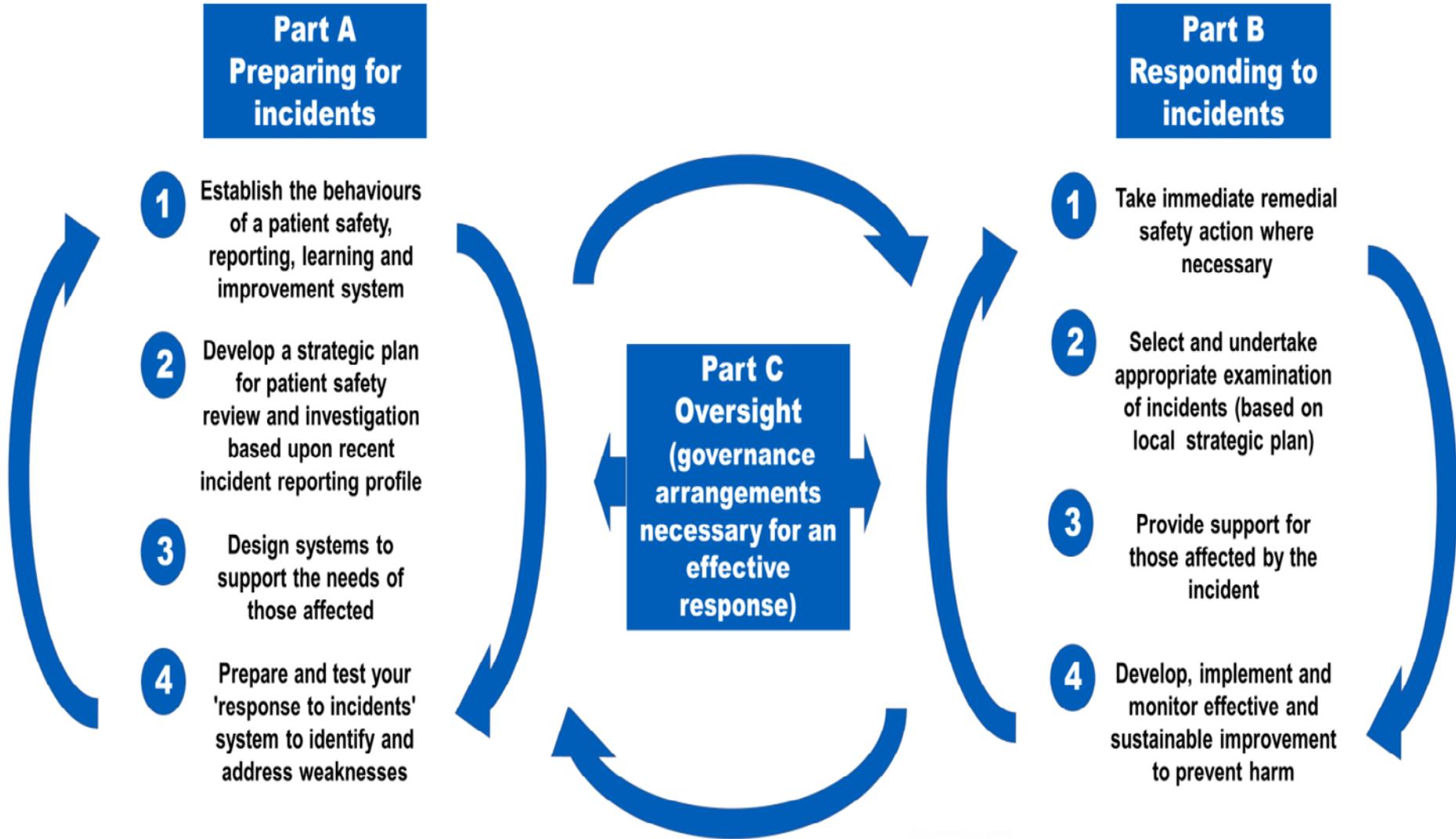
Moira Angel
Interim Director of
Clinical Development

Incident reporting and learning



While incident through Datix has declined in line with changes to in-patient spells during COVID-19, the rate of incidents reported per 1,000 beds days is consistent with pre COVID reporting levels since September 2019.

Figure 1: Overview of the Patient Safety Incident Response Framework



Trust

How do patients rate us out of 10...?



South Tees Hospitals
NHS Foundation Trust

Consistency & coordination of care

Treatment with respect and dignity

Involvement

Good Doctors

Good Nurses

Noise at night

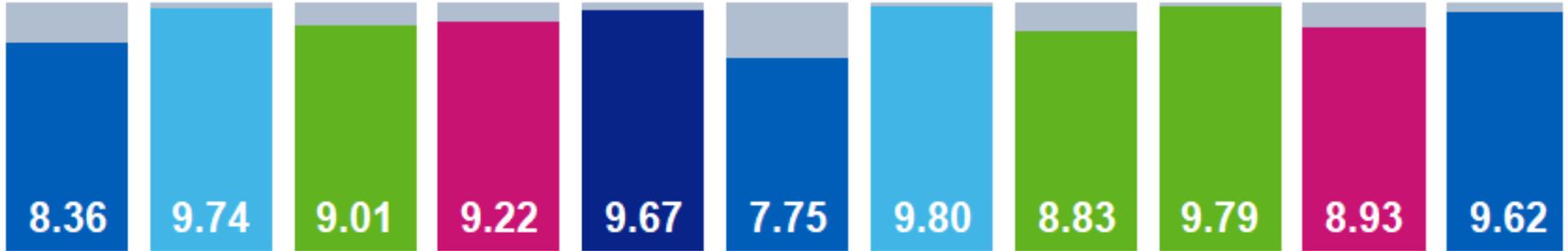
Kindness and compassion

Cleanliness

Hand Hygiene

Medicines

Pain control



In March 2020 patients gave us an overall rating of...

9.09 out of 10

99% of patients surveyed would highly likely or likely recommend this ward to their families and friends

99%

No of patients on new medication

323

No of respondents

637



Quality Priorities 2020-2021



Patient Safety

	Exec Lead	Operational Lead
Increase incident reporting by 10% per year. This will also mean an increase in incidents reported to the NRLS.	Deirdre Fowler, Director of Nursing and Quality	Ian Bennett, Head of Patient Safety and Quality/Kay Davies, Patient Safety and Legal Services Lead
Reduce the occurrence of Never Events and ensure there is a focus on safe surgical practice including improving the safety culture within theatres and continue the LoCSSIPs work.	Dr David Chadwick, Medical Director, SPC	Louise Fleming, (Transformation Lead, Mr Barney Green, Consultant Vascular Surgeon
Improve the quality of incident investigations at all levels including those for Serious Incidents and those reported on Datix.	Deirdre Fowler, Director of Nursing and Quality	Ian Bennett, Head of Patient Safety and Quality/Kay Davies, Patient Safety and Legal Services Lead

Quality Priorities 2020-2021



Clinical Effectiveness

To identify, develop and implement a Quality Strategy for the trust and embed an agreed approach to quality improvement methodology

Deirdre Fowler,
Director of Nursing
and Quality

Jennie Winnard, Director of
Operations, STRIVE, Moira Angel,
Director of Clinical Development

To implement and embed the STAQC accreditation process for the trust and the Quality Assurance framework

Deirdre Fowler,
Director of Nursing
and Quality

Moira Angel, Director of Clinical
Development

Ensure patients have a safe, effective and timely discharge

Jo Dobson, Director
of Transformation

Deborah Bowden, Transformation
Programme Manager

Quality Priorities 2020-2021



Patient Experience

Continuing work to further develop the patient experience programme using Meridian, specifically focusing on implementation of the new FFT guidance and 'hard to reach' groups.

Deirdre Fowler,
Director of Nursing
and Quality

Ian Bennett, Head of Patient Safety
and Quality/Jen Olver, Patient
Experience and Involvement Lead

Embed the revised complaints management process within the trust in line with the revised Patient and Carers Feedback Policy

Deirdre Fowler,
Director of Nursing
and Quality

Ian Bennett, Head of Patient Safety
and Quality/Jen Olver, Patient
Experience and Involvement Lead

Improve the OPD experience through 'task and finish' groups to review and continue the work that has taken place during 2019/20.

Deirdre Fowler,
Director of Nursing
and Quality

Jen Olver, Patient Experience and
Involvement Lead. Steve Owens,
Head of Patient Connect

Getting back to our best...



CQC Report
Must do's and
Should do's
(July 2019)

CQC Oversight Group
(Sept 2019) and
Confirm and Challenge
(Feb 2020)

CQC
Embedded in
Recovery Plan
(May 2020)

Delivery of Recovery
Plan at all levels across
the Trust
(June 2020)

CQC and Getting back to our best

Overview		
	5	Off track
	7	Expected to deliver actions
	13	Completed actions
	1	Embedded in practice

- Learning from the must do's work
- Using confirm and challenge approach to move at a pace
- Creating shared ownership of actions going forward
- Speaking up when things go off course
- Putting in clinical standards and measurements through ward/unit accreditation
- Preparing for another visit!

Questions?

**COUNCIL OF GOVERNORS
SCHEDULE OF FORTHCOMING FORMAL MEETINGS AND TRAINING EVENTS
UP TO MARCH 2022**

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 2 June 2020 9.30am – 11.30am	<u>Council of Governors meeting - *PUBLIC MEETING</u> 9.30 – 11.30am	BT Conference Call
Tuesday 21 July 2020 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 22 September 2020 10.00am – 4.00pm	<u>Annual Members Meeting</u> Timing - TBC <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre LRI JCUH Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 10 November 2020 10.00am – 4.00pm (NEW DATE – AT FRIARAGE)	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton
Tuesday 8 December 2020 10.00am – 4.00pm CANCELLED – taking place November	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 12 January 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 9 March 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 11 May 2021 10.00am – 4.00pm (NOW AT JCUH)	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 13 July 2021 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 14 September 2021 10.00am – 4.00pm	<u>Annual Members Meeting</u> Timing - TBC <u>Council of Governors meeting</u> 1.30 – 4.00pm	Ian Haslock Lecture Theatre LRI JCUH Board Room, 2 nd Floor Murray Building, JCUH

DATE/TIME	FORMAL COUNCIL MEETING (Governors are asked to mark out 10.00 am to 4.00 pm)	VENUE
Tuesday 9 November 2021 10.00am – 4.00pm (NEW DATE – AT FRIARAGE)	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, Friarage Hospital Northallerton
Tuesday 14 December 2021 10.00am – 4.00pm CANCELLED – taking place November	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 11 January 2022 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH
Tuesday 8 March 2022 10.00am – 4.00pm	<u>Training Programme</u> 10.00 – 1.00pm <u>Council of Governors meeting</u> 1.30 – 4.00pm	Board Room, 2 nd Floor Murray Building, JCUH